

Who needs the “Blended Course?”

1. Individuals who are getting certified for the first time
2. Individuals who have been informed by their company or licensing administration that they must have a hands-on skill evaluation

What is the “Blended Course?”

All training and written testing is completed online at www.procpr.org or www.profirstaid.com. Skills are then evaluated in person by a registered ProCPR, LLC Facilitator or certified CPR Instructor. (Please see page 2 for how the blended course works)

How do I get started with the “Blended Course?”

It's easy! Simply sign up online at www.procpr.org or www.profirstaid.com. Because you are taking the blended course, check the box that says “My certification has not lapsed more than 6 months.” When you've passed the test and paid for the certification, print out the “Blended Course” packet and card. Upon successful completion of the skill evaluation, have the skill evaluator sign the back of the card.

How can I find someone to perform my skill evaluation?

Many people work with CPR Instructors. The best way is to ask a friend or acquaintance, who is a currently certified instructor, to perform the skill evaluation for free. ProCPR, LLC allows skill evaluations to be performed for ProCPR and ProFirstAid certifications by currently certified instructors bridged from other curriculum providers. Instructors who are currently certified by the American Heart Association, American Red Cross, Medic First Aid, ASHI, or other nationally recognized programs that follow the most current ILCOR and ECC recommendations may be immediately bridged as an approved skill evaluator for ProCPR, LLC by submitting a copy of their *certification cards and completing the ProCPR, LLC Skill Evaluator application*. You can search for a ProCPR skill evaluator at www.blendedcpr.com.

How Can I become a ProCPR Faciliator?

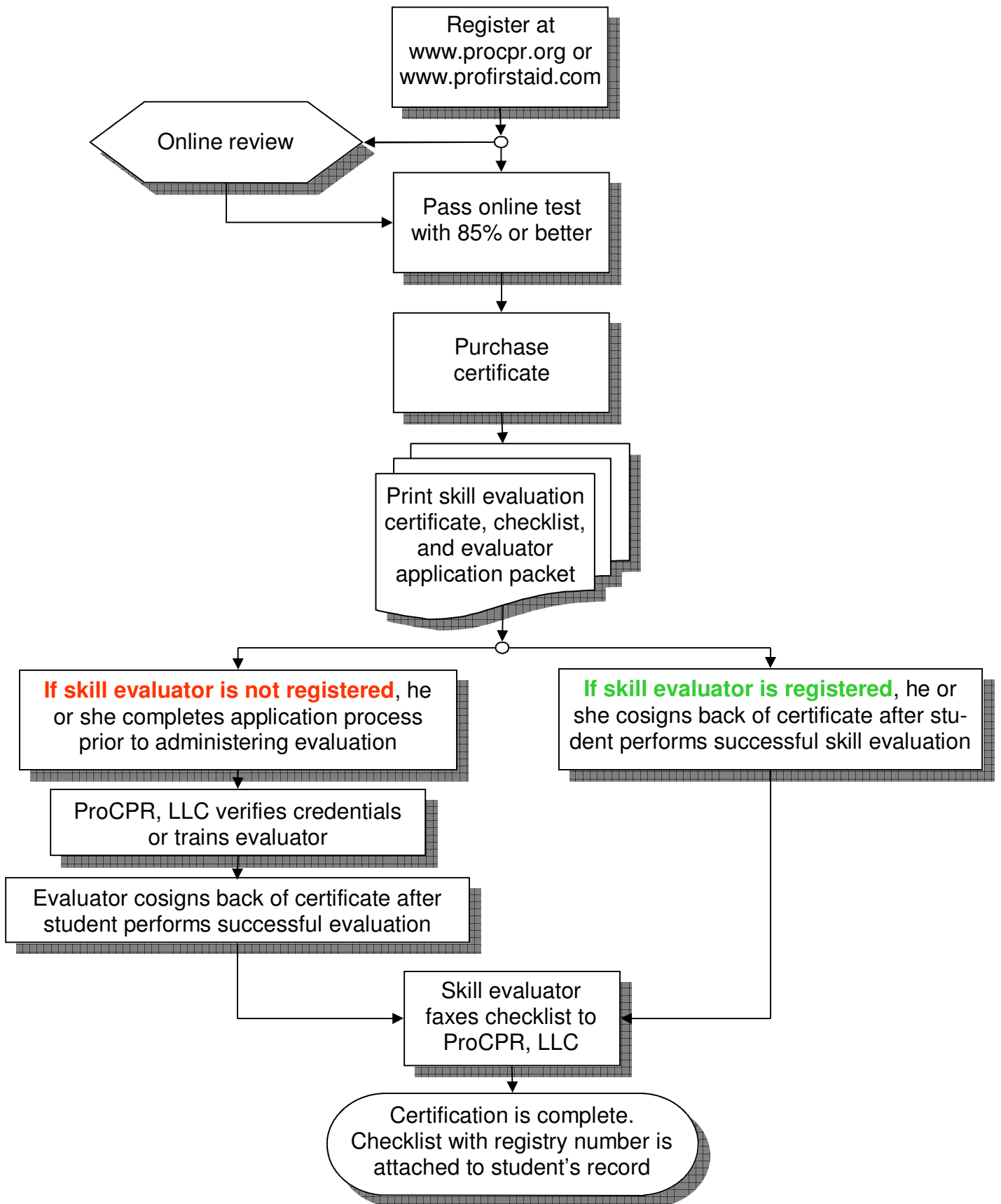
Simply start by signing up at www.blendedcpr.com or complete the enclosed application and fax it back to us. The second step is to be trained or bridged from another program. Facilitator training could be completed in one day. The amount of time is completely dependant upon the participant. ProCPR facilitator training is for people who need to perform skill evaluations for a business, day care, ambulance department, fire hall, hospital, nursing staff, etc. This allows a facility or organization to provide consistent high quality training in-house, saving time and money. This training is NOT for one who desires to be a CPR or First Aid instructor to conduct traditional 4-8 hour classroom instruction.

Prerequisites:


- A current CPR and/or First Aid certification from ProFirstAid, ProCPR, or a recognized organization up to the level he or she will be evaluating.
- A demonstrated need to coordinate training for others.
 - Preferably (not required), a current certified CPR and/or First Aid Instructor with a recognized organization.
 - Preferably (not required), a person with prior medical training who has used CPR and First Aid in real-life situations.



How Does the ProCPR and ProFirstAid Blended Course Work?



→ Layrescuer CPR & FirstAid ←

 Skill Evaluation Checklist 1-888-406-7487 support@procpr.org	Participant Names– (Please Print)						Date: _____					
Skill Evaluator Signature: (Sign inside of box) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Registry # _____ Fax or email completed form to: Fax: 810-592-5007 Email: support@procpr.org												
Required Skill Scenarios												
Adult/Child CPR												
Infant CPR												
AED												
Adult/Child Conscious Choking												
Infant Conscious Choking												
Adult/Child Unconscious Choking												
Infant Unconscious Choking												
Bleeding Control												
NOTE: Only Adult skills are required for ProFirstAid Basic certification.												
Individual Skills –May be assessed while performed during skill scenarios.												
Assessing the scene for safety												
Using personal protective equipment: Gloves Face Shield/Rescue Mask												
Assessing patient responsiveness												
Opening the Airway using a head tilt chin lift												
Checking for breathing												
Giving rescue breaths: <i>Adult and Child</i> – Covering mouth <i>Infant</i> – Covering mouth and nose												
Checking for a pulse: (Optional) <i>Adult and Child</i> – Carotid Artery <i>Infant</i> – Brachial Artery												
Giving Compressions: <i>Adult</i> - 2 hands on the center of the chest between the nipples. <i>Child</i> – 1 or 2 hands on the center of the chest between the nipples. <i>Infant</i> – 2 fingers on the center of the chest just below the nipples. <i>2 Rescuer Infant</i> - 2 thumbs hands encircling chest technique												
Removing a foreign object												

ProCPR, LLC Facilitator Application and Agreement

Fax or email completed form to ProCPR, LLC. Fax: 810-592-5007 Email: support@procpr.org
ProCPR LLC, 5005 Plainfield Ave NE Suite B, Grand Rapids, MI 49525

Personal Information:

First Name _____ Middle Initial _____ Last Name _____

Home Address _____ PO Box _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Company Information: (Complete only if becoming a skill evaluator for a company or employer)

Organization _____ Title _____

Street Address _____ PO Box _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Please check the correct boxes:

Training:

- I have a current CPR instructor certification— **Fax or email a copy of the front and back of your certification with this application. After certification is verified a ProCPR Facilitator registry # will be issued.**
- I do not have a current CPR instructor certification— **Call or email to schedule ProCPR facilitator training. The training is completed through a blended program of online training and a live personal video conference for skills assessment. The live conference typically requires 4 hours.**

Equipment: Skill evaluators must own or have access to the required equipment to perform skill evaluations

- I have the following required equipment available to perform skill evaluations:
- Adult Manikin**
 - Infant Manikin**
 - AED Trainer**
 - Bag Valve Mask**
- I do not have all of the required equipment. I need to purchase the following equipment:
- Adult Manikin**
 - Infant Manikin**
 - AED Trainer**
 - Bag Valve Mask**

****ProCPR has high quality training equipment in stock available to purchase at discounted prices. For a complete pricelist, please call or email.**

Availability:

- I would like my information posted on www.blendedcpr.com so ProCPR students in my area can be directed to me for skill evaluations. The cost is a \$49.95 one time charge. Please send check, call to charge to a credit card, or register and pay online at www.blendedcpr.com.
- I will charge students \$_____ to perform a skill evaluation (Average is \$20. ProCPR allows a maximum of \$50)
- I will not charge for skill evaluations. (This is the normal choice for one who is already being paid by an employer and will only provide skill evaluations for other employees)
- I do not want my information made public.

I agree to abide by the facilitator agreement as established by ProCPR, LLC.

Facilitator Applicant's Signature

Printed Name

Date

ProCPR LLC Facilitator Agreement

As a ProCPR, LLC. Facilitator, I agree to:

- Follow all the current policies, regulations and procedures of ProCPR related to the conduct and administration of skill evaluations
- Maintain updated contact information and regular communication with ProCPR
- Assist ProCPR in resolving issues that may arise with participants
- Accept evaluation of responsibilities by ProCPR staff
- Maintain a safe environment and proper equipment necessary for skill evaluations
- Provide honest and fair skill evaluations for participants
- Conduct the complete evaluation requirements for each participant and provide appropriate information to participants for the completion of their certification.
- Recognize that ProCPR materials are copyrighted and may be reproduced only with the permission of ProCPR
- Recognize that this Agreement remains in effect as long as the facilitator's requirements for authorization are maintained with ProCPR
- I acknowledge that failure to follow agreements, policies, regulations and procedures related to the conduct and administration of ProCPR may result in the immediate revocation of registration, terminating the ability to evaluate skills for participants to receive certification from ProCPR.

No facilitator shall:

- Authorize the use of the name, logo, endorsement, services, or property of ProCPR, without the express permission of ProCPR.
- Charge any fees or seek financial gain for services relating to ProCPR above the skill evaluation fee.
- Disclose any confidential information that is available solely as a result of the affiliation with ProCPR to any person not authorized to receive such information.
- Operate in any manner that is contrary to the best interest of ProCPR.
- Operate against the best interests of ProCPR where a conflict exists. If the interests of any organization in which he or she has a financial interest or with which he or she is affiliated conflicts, the Instructor shall disclose such conflict to ProCPR as soon as he or she becomes aware of it.

ProCPR is committed to providing the following for facilitators:

- Technical support and open communication
- Training, course curriculum and access to training materials
- Information and materials needed to properly evaluate skills and assist participants through the process of obtaining their certifications
- Maintain facilitator and participant records
- Provide timely updates and information to facilitators
- Provide a quality assurance program
- Assure that students receive their certification card who properly register online and successfully complete skill evaluation.

As a condition for using the ProCPR, LLC Web based training and internet-based information products herein and/or maintaining an information access account, you expressly accept, without limitation or modification, the following conditions, terms, and notices:

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Course Evaluation

Your feedback is important as it helps us to improve the quality of our training programs.
Please rate the following statements:

Date Course Completed: _____ Skill Evaluator's Name _____

<i>Organization of the activity:</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
• I am satisfied with the training I received.	1	2	3	4	5
• I am satisfied with how the course was organized.	1	2	3	4	5
<i>Effectiveness of the Instructor:</i>					
• The instructor presented the information clearly.	1	2	3	4	5
• The instructor helped me to learn the information.	1	2	3	4	5
• The instructor presented the information professionally.	1	2	3	4	5
• My questions were answered appropriately.	1	2	3	4	5
<i>Quality of Teaching Methods:</i>					
• I am satisfied with the length and quantity of the training videos.	1	2	3	4	5
• I feel the training videos were high quality.	1	2	3	4	5
• I feel the testing accurately reflected the training received.	1	2	3	4	5
• I am satisfied with all of the training materials used.	1	2	3	4	5
• I am satisfied with the training format.	1	2	3	4	5
<i>Effectiveness of Skill Evaluator:</i>					
• I was able to complete my skill evaluation in a timely manner.	1	2	3	4	5
• The skill evaluator had all the necessary equipment and it was in good order.	1	2	3	4	5
• I received appropriate feedback from the skill evaluator.	1	2	3	4	5
• The skill evaluator was professional and fair.	1	2	3	4	5
<i>Please Share Any Additional Comments:</i>					