

# TRAIN-THE-TRAINER

## CLASS ROSTER INSTRUCTIONS

The purpose of this roster is to collect information about participants who successfully completed a required Train-the-Trainer program for First Aid and Choking, Fire Safety, Medication Administration, or Standard Precautions.

- Instructors must use the curriculum approved by UW-Green Bay/Wisconsin Community-Based Care and Treatment Training Registry.
- A non-refundable fee of \$20.00 for each participant who successfully completes the training must be submitted with the roster. Roster and payment must be submitted online by credit card only. (Master Card/Visa)

### Day of training

- Have participants sign in on a blank roster, see page 2.
- Confirm/complete any missing participant information before participants leave the training.
- Assure participants that their contact information and their birthday will not be published on the registry. This information is gathered to confirm identity and to allow Training Registry to contact the participant if necessary.
- If a participant does not successfully complete the training, fails the test, or does not attend, draw a line through that person's name on the original roster and do not enter their name on the online registry.

### Online Submission of roster and payment

- All participants who successfully complete the class must be submitted using the emailed link within **10 days** of teaching the class.
- Log into the Instructor Dashboard
- Select 'Add a Class' or select an existing class to add participants.
- Enter each participant's information by clicking the 'add participants' button and 'add another participant' button.
  - Type the participant's name in the 'Select Participant' field.
    - A list will be displayed; select the correct participant by confirming the correct date of birth listed next to each participant, and the program will auto-fill the information.
    - If the participant does not appear in the 'Add Participant' field, select 'Participant not Found'
    - Add the participant's information and preview to make sure it's correct.
- 'Upload' a copy of the handwritten/typed roster and pay the \$20/student fee.
- Participants receive an email confirmation that they have been added to the registry and the person uploading the class receives a carbon copy of the email.

### Reminder

- Maintain copies of class rosters and test results for at least **two years** from the date of the training.
- Indicate the class title on the top of the roster and upload/scan **all pages** of the completed class roster.
- Sign and date at the bottom of the handwritten/typed roster.





Select a course

- Fire Safety    First Aid and Choking    Medication Administration    Standard Precautions

**INSTRUCTOR & TRAINING INFORMATION**

Program Name		Primary Contact Name		Approved Program Number	
Training Site Name			Start Date	End Date	Class Start Time
Street Address					
City		State	Zip	County	
Instructor Name(s)					

**PARTICIPANT INFORMATION**

First Name		Last Name		M.I.	
Birth date (MM/DD/YYYY)	Phone#		E-mail Address		
First Name		Last Name		M.I.	
Birth date (MM/DD/YYYY)	Phone#		E-mail Address		
First Name		Last Name		M.I.	
Birth date (MM/DD/YYYY)	Phone#		E-mail Address		
First Name		Last Name		M.I.	
Birth date (MM/DD/YYYY)	Phone#		E-mail Address		
First Name		Last Name		M.I.	
Birth date (MM/DD/YYYY)	Phone#		E-mail Address		

**Total Number of Participants: \_\_\_\_\_ x \$20.00 = \$ \_\_\_\_\_ total**

**I affirm that all of the students listed on this roster, whose names are not crossed off, have successfully completed this training.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

