

## Distant Learning Site Data

If you are applying for a Distance Learning class involving **multiple** training sites, please complete the following. Every site through which training will be coordinated and provided must have this addendum sheet.

**DL Course Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DL Site Name:** \_\_\_\_\_

**DL Site Address:** \_\_\_\_\_

**Telephone #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Fax #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**DL Site Instructors or Lab Assistants:** [must be licensed at the level of training]

Instructor or Assistant Name	Lic. Level	Instructor #	ACLS Instructor?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**DL Site Audio/Visual Technician:** \_\_\_\_\_

**Will this person be available during this Class period**  Yes  No

**DL Site Clinical/Skill Arrangements:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**List Students at this Site:**

	<u>Last Name</u>	<u>First Name</u>	<u>Level</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____

**Responsible DL Site Administrator:** \_\_\_\_\_  
Signature

**DL Site Email Address:** \_\_\_\_\_