

# North Carolina Medic First Aid and CPR with AED Program



PLEASE COMPLETE AND FORWARD REQUEST FORM TO:

Susan Huttman, NC District Educator MAIL TO: 2466 Hildebran NC 28637 or EMAIL TO: [de4nc@live.com](mailto:de4nc@live.com)

When completed form is received and reviewed by the NC DE, you will be contacted by NC MFA Coordinator Linda Hojnacki to complete the arrangements

- Minimum number of students for a class is six (6).
- Twelve (12) students max per instructor.
- Cost for materials: \$30 per student AND must be pre-paid (nonrefundable).
- When requesting an MFA classes please have two (2) dates available; a MFA Facilitator will be assigned to instruct your class.

The Chapter requesting the MFA class is responsible for providing the following:

**\* Classroom \* DVD Player \* TV or Monitor with Audio/visual hookups**

## NC CHAPTER MEDIC FIRST AID CLASS REQUEST FORM

Chapter NC \_\_\_\_\_ Date of Request: \_\_\_\_\_

Chapter Educator (CE) Name: \_\_\_\_\_

CE Phone w/area code: \_\_\_\_\_

CE Email Address: \_\_\_\_\_

Please provide date(s) for class:

First Choice: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Second Choice: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Number of Anticipated Chapter participants attending: \_\_\_\_\_ Is

another area chapter interested in partnering with you? If so, please include the following information:

Chapter NC \_\_\_\_\_

Chapter Educator (CE) Name: \_\_\_\_\_

CE Phone w/area code: \_\_\_\_\_

CE Email Address: \_\_\_\_\_

Number of Anticipated Chapter participants attending: \_\_\_\_\_