

OMB Approval No. 0938-0685

3. Qualification of Crew				
This section is to be completed with information about all crewmembers. In addition to the identifying information, all health care related training courses completed by the crewmember <u>must</u> be reported. If there are more than five crewmembers, copy and complete this section as needed.				
<b>A. 1<sup>st</sup> Crewmember Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change    Effective Date: _____				
1. Name    First		Middle	Last	Jr., Sr., etc.
Social Security Number			Date of Birth (MM/DD/YYYY)	
2. List training completed by this crewmember (i.e., First Aid, CPR, ACLS, etc.) and attach copy(s) of training certificate(s). _____ _____				
<b>B. 2<sup>nd</sup> Crewmember Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change    Effective Date: _____				
1. Name    First		Middle	Last	Jr., Sr., etc.
Social Security Number			Date of Birth (MM/DD/YYYY)	
2. List training completed by this crewmember (i.e., First Aid, CPR, ACLS, etc.) and attach copy(s) of training certificate(s). _____ _____				
<b>C. 3<sup>rd</sup> Crewmember Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change    Effective Date: _____				
1. Name    First		Middle	Last	Jr., Sr., etc.
Social Security Number			Date of Birth (MM/DD/YYYY)	
2. List training completed by this crewmember (i.e., First Aid, CPR, ACLS, etc.) and attach copy(s) of training certificate(s). _____ _____				
<b>D. 4<sup>th</sup> Crewmember Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change    Effective Date: _____				
1. Name    First		Middle	Last	Jr., Sr., etc.
Social Security Number			Date of Birth (MM/DD/YYYY)	
2. List training completed by this crewmember (i.e., First Aid, CPR, ACLS, etc.) and attach copy(s) of training certificate(s). _____ _____				
<b>E. 5<sup>th</sup> Crewmember Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change    Effective Date: _____				
1. Name    First		Middle	Last	Jr., Sr., etc.
Social Security Number			Date of Birth (MM/DD/YYYY)	
2. List training completed by this crewmember (i.e., First Aid, CPR, ACLS, etc.) and attach copy(s) of training certificate(s). _____ _____				