# **CPR REGISTRY: HOW TO**

## Minnesota Resuscitation Consortium



#### **Bystander CPR Registry**

Please answer the following questions to the best of your ability. Your information is confidential and will only be reported in aggregate.

#### What type of CPR training are you registering?

A certification class

Bystander CPR





This is the page that you will see when clicking on the link. This page will identify the type of training. If not bystander CPR training it sends you to an exit page.

Certification courses should be recorded with your training center.

Next >



<b>Bystander C</b>	PR Regist	rv				
Please select you		-	down mei	nu.		
If your name is no		-				
	•					
	_					
Please select the	date of the tra	aining.				
	Month	Day	Year			
Date of training:	<b>+</b>	•	•	1		
This training inclu	uded which of	the fall	owing? Ch	ock all that ann	lv	
Compression o			owing: Cit	eck all that app	19.	
☐ CPR anytime	mly CPK					
☐ Train the train	ier					
☐ AED training						
Please select any	groups that y	ou were	affilated v	with during this	training. Cho	eck all that apply
☐ Minnesota SCA						
☐ Lakeville Hear	t Restart					
☐ Farmington He	eart Restart					
☐ Dakota County		:				
☐ Take Heart Mi						
■ American Hea	rt Association					
American Red	Cross					
■ MN Sudden Ca	ardiac Arrest Si	urvivors	Network			
☐ MN Resuscitation Consortium						
☐ Heart Safe Communities of Allina						
☐ Heart Safe Cor	minutes of r	☐ Heart Safe Communities of North			- 1	
		lorth				
	mmunities of N					

2<sup>nd</sup> Page: Names are on a drop down menu or can be added

Date is a drop down menu

You may select multiple answers for the type of training and group affiliations

Click next each time to advance

Next screen shows a filled out form

owered by inquisite



Bystander CPR Registry						
Please select your name from the drop down menu.  If your name is not listed select Not listed.						
Kim Harkins 💠						
Please select the date of the training.						
Month Day Year						
Date of training: January 1 2012 \$						
This training included which of the following? Check all that apply.						
	✓ Compression only CPR					
☐ CPR anytime						
☐ Train the trainier						
AED training						
Please select any groups that you were affilated with during this training. Check al	l that apply.					
☐ Minnesota SCA Survivor Network						
☐ Lakeville Heart Restart						
☐ Farmington Heart Restart						
☐ Dakota County Heart Restart						
☐ Take Heart Minnesota						
☐ American Heart Association						
☐ American Red Cross						
☐ MN Sudden Cardiac Arrest Survivors Network						
✓ MN Resuscitation Consortium						
☐ Heart Safe Communities of Allina						
☐ Heart Safe Communities of North						
☐ Heart Safe Communities of HCMC						

☐ Other, please specify



#### **Bystander CPR Registry**

Overall, how many people were trained in Bystander CPR?	
0	
Had anyone attended a previous CPR training?	
○ Yes	
○ No	
O I did not ask.	
Please provide us with any additional comments:	
Were there any other trainers present?  O Yes  No	
Please select the county where the training was held:	
Please provide us with any additional information regarding the location of this training:	
< Back Finish	oinquisite

3<sup>rd</sup> Page: Enter number of participants trained

If you answer 'yes' to previous training, another box will appear asking you how many

Additional comments can be anything from group type to other details

If you answer 'yes' to other trainers a box will appear to list them

The county is a drop down menu

Give the specific location of the course, including city

Click the finish key at bottom to register your training.



### **Bystander CPR Registry**

Ownell have many accords were	toolined in Doubender CDD3	
Overall, how many people were	trained in bystander CPK?	
Had anyone attended a previou	CPR training?	
O Yes		
○ No		
I did not ask.		
Please provide us with any additional mall training – no formal time to ask	ional comments:	
Were there any other trainers p  • Yes How many?	resent? Enter your Co-trainer(s) full name(s):  Gene Johnson	
○ No 1	dene Johnson	
Please select the county where  Hennepin County  Please provide us with any addit  Bob's FAKE coffee shop	the training was held:  ional information regarding the location of this training:	
See 3 Trace conce shop		
Rack Finish		POWERED BY  inquisite

# **EVERYONE COUNTS!!!**

# Minnesota Resuscitation Consortium



**Bystander CPR Registry** 

Thank you for registering this training!

For information about the Minnesota Resuscitation Consortium check out our website:

www.mrc.umn.edu

