



**PLEASE FAX COMPLETED COPY TO HEAD OFFICE
BY END OF COURSE 1-877-799-7778**

INSTRUCTOR COURSE REPORT/INVOICE

Instructor Name:			
Client:			
Location:			
Course Taught:			
Date:		Time:	
Instructor Fee:		Expenses:	

This is to confirm that I have taught all the following course material

	YES	NO	N/A
I have shown all the course overheads			
The following skills and practice sessions			
I have evaluated practical exams			
All course material has been handed out			
Students have received their wallet cards & certificates			

COMMENTS:	
Overall Rating of the Course	
Signature:	Date:

<i>Office Use Only</i>				
<i>Inst CR</i>	<i>Course Roster</i>	<i>Student Evals</i>	<i>Invoice #</i>	