



Please print or type all information legibly and clearly.

Part 1 – To be completed by the Instructor Candidate

Personal Information (Personal information will be kept strictly confidential.)

Mr. Ms. Last Name _____ First Name _____ MI _____
Mailing Address _____
City _____ State _____ Zip _____
Email _____ Telephone _____

Have you ever had a license or certification suspended, revoked or denied, including certification by any of the organizations listed below, or been convicted of a felony in any state?

No Yes (If yes, you may still be eligible for Instructor authorization, but you must attach a detailed explanation.)

Instructor Agreement

I agree that the information and documentation I have provided is true and accurate. I agree to conduct American Safety & Health Institute (ASHI) training classes in accordance with the most recent version of the ASHI Training Center Administrative Manual (TCAM) and understand that authorization as an ASHI Instructor may be suspended or revoked at any time by ASHI.

Signature of Applicant _____

Part 2 – To be completed by the Training Center Director

Training Center Affiliation

Training Center Name: Safety Services TC ID: SAFE47

Method of Instructor Authorization (Please complete appropriate section below)

Method 1: Instructor Development Course (IDC) – Instructor Candidate must provide documentation of IDC completion to the Training Center Director.

Individual program instructor eligibility is based on current provider certification status of the candidate, as indicated below.

Current Provider Certification of Instructor Candidate

CPR & AED (Adult, Child & Infant) First Aid Bloodborne Pathogens ACLS
 Professional-level CPR/AED Advanced First Aid Emergency O2 Admin. PALS
Print IT/MIT Name _____ IT/MIT TC Name: Safety Services SAFE47

Method 2: Reciprocity – Please indicate which current credentials the Candidate Possesses.

<p>Medic First Aid Instructor Certifications</p> <p><input type="checkbox"/> Advanced First Aid & CPR/AED <input type="checkbox"/> Universal CPR/AED & First Aid <input type="checkbox"/> Adult CPR/AED & First Aid <input type="checkbox"/> Universal CPR/AED <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne Pathogens</p>	<p>AHA Instructor Certifications</p> <p>BLS initially certified <input type="checkbox"/> before 01 June 2006 <input type="checkbox"/> after 01 June 2006 <input type="checkbox"/> Heartsaver <input type="checkbox"/> ACLS <input type="checkbox"/> PALS</p>	<p>ARC Instructor Certifications</p> <p><input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Lifeguard <input type="checkbox"/> Babysitter's Training <input type="checkbox"/> Lay Responder First Aid and CPR/AED</p>	<p>NSC Instructor Certifications</p> <p><input type="checkbox"/> Basic First Aid <input type="checkbox"/> Bloodborne and Airborne Pathogens <input type="checkbox"/> BLS Pro <input type="checkbox"/> CPR/AED <input type="checkbox"/> Pediatric First Aid, CPR, and AED <input type="checkbox"/> Standard First Aid, CPR, and AED</p>
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Instructor Trainer Certification Instructor Trainer (Any nationally recognized organization)

Experience MD/DO NP/PA Paramedic Nurse (RN/LPN) EMT Firefighter Police Officer Wilderness

Name of Cardholder _____ Signature of Cardholder _____

Billing Address for Credit Card _____

Acct. Number _____

Verification Code _____

Instructor Certification Mailing Instructions Send Instructor Card to Training Center

Agreement

I have received and validated the required credentialing documentation from the instructor applicant listed above. I agree to maintain responsibility for this instructor and ensure that he or she has access to and complies with the most recent administrative guidelines as outlined in the TCAM. I will maintain a copy of this form and associated credentials for the length of this instructor's affiliation with my Training Center and for a minimum of 3 years following termination of that affiliation.

TC Director Name (Please print) Stephen Woodin

Signature _____ Date _____