



Instructor Registration Form

Contact Information:		
First Name:	Middle Name:	Last Name:
Business/Organization:		

Bill to:			Ship to: (cannot ship to a P.O. Box) <input type="checkbox"/> Same as Bill To		
Street Address:			Street Address: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		
			Ste/Apt #		
City:	State:	Zip:	City:	State:	Zip:

Phone:	Ext.:	Fax:
Cell Phone:	Additional Phone:	
Email:		
Website:		

How did you hear about EMS Safety:			
<input type="checkbox"/> EMS Safety Website	<input type="checkbox"/> Took a class	<input type="checkbox"/> Trade Show	<input type="checkbox"/> EMS Safety Instructor _____
<input type="checkbox"/> Friend	<input type="checkbox"/> Magazine Ad	<input type="checkbox"/> Web Search	<input type="checkbox"/> Other _____

Would you like EMS Safety to refer prospective students to you?
<input type="checkbox"/> YES , I would like my name, phone number, email address, website, city and state to be given out to prospective students in my area and to be listed on the 'Find An Instructor' page on www.emssafety.com .
Please indicate which phone number you would like given out: () _____ - _____
Email address and website listed on this form will be given out. Once an account is established, you can update the information yourself by logging into the Instructor Corner.
<input type="checkbox"/> NO , please do not provide my name and contact information to individuals looking for a provider course in my area.
Other Languages:

Provider and Advanced Education/Certifications - (Please check all that apply)				
<u>Provider Certifications:</u>	<input type="checkbox"/> CPR	Exp ___/___	<input type="checkbox"/> AED	Exp ___/___
	<input type="checkbox"/> First Aid	Exp ___/___	<input type="checkbox"/> Pro Rescuer	Exp ___/___
<u>Advanced Education:</u>	<input type="checkbox"/> EMT	Exp ___/___	<input type="checkbox"/> RN or LVN	Exp ___/___
	<input type="checkbox"/> Paramedic	Exp ___/___	<input type="checkbox"/> MD	Exp ___/___
			<input type="checkbox"/> Other:	

Please provide a copy of your current certification(s). Provider certifications acquired online are not accepted as a prerequisite for an EMS Safety Instructor course.

Instructor Certification Course – (If applicable)	
Preferred Course Location:	Scheduled Course Dates: Day 1: ___/___/___ Day 2: ___/___/___
Special Requests or Comments:	

Grandfathering Instructor (if applicable)

Which organization(s) are you <u>currently</u> an Instructor with:	<input type="checkbox"/> AHA <input type="checkbox"/> ARC	<input type="checkbox"/> MFA <input type="checkbox"/> NSC	<input type="checkbox"/> ASHI <input type="checkbox"/> Other _____
Which program(s) are you currently teaching? (Please attach copies of all Instructor certifications)	<input type="checkbox"/> CPR <input type="checkbox"/> AED	<input type="checkbox"/> First Aid <input type="checkbox"/> Healthcare Provider	<input type="checkbox"/> BBP <input type="checkbox"/> Other _____

Instructor Trainer (if applicable) - Approval at the discretion of EMS Safety

Grandfather Instructor Trainer
What organization(s) are you currently an Instructor Trainer with:
(Please attach copies of Instructor Trainer certifications)

<input type="checkbox"/> AHA <input type="checkbox"/> ARC	<input type="checkbox"/> MFA <input type="checkbox"/> NSC	<input type="checkbox"/> ASHI <input type="checkbox"/> Other _____
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Self-Study Instructor Trainer
Requirements to apply: Taught 10 classes or 50 students with the EMS Safety program; purchase Instructor Trainer Kit and complete the Self-Study Guide and exam.

List other qualifications you have to become an Instructor Trainer with EMS Safety:

Employment Information

Employer:	Job Title:
Employer Address:	Employer Phone:

Information for shipping orders without Pre-Payment – (Optional)

Driver's License # _____ State: _____ SSN#: _____ - _____ - _____ DOB: _____ / _____ / _____

CREDIT LIMITS

Individual Instructors who have completed the registration form in full and obtained EMS Safety's approval have an initial \$200 credit limit and payment is due upon receipt of the order. A credit application is available on request and required for orders over \$200.
Payment terms or credit limit may be changed without notice at the discretion of EMS Safety Services. Please refer to our shipping/purchasing policy.

Signature Required for Processing

I certify that the above information and the documentation I have provided is true and correct, and agree that any approval of this Instructor Registration form by EMS Safety Services, Inc. ("EMS Safety") is contingent on the foregoing. I agree to be bound by the EMS Safety Training and Course Administration Manual (the "Manual"), a copy of which I have reviewed and which is available at www.emssafety.com/registration and is incorporated by reference in this Instructor Registration Form, including any updates to the Manual, which I am solely responsible for obtaining and reviewing. I further agree to conduct classes and business practices in accordance with the Manual. I understand that Instructor Certification by EMS Safety may be suspended or revoked at any time at its sole discretion.

I acknowledge that all materials provided to me are subject to the copyright in favor of EMS Safety, which is the exclusive property of EMS Safety.

I agree to abide by the financial terms established with EMS Safety as set forth in the Manual. I understand that failure to pay financial obligations to EMS Safety may result in restriction of further purchases by the Instructor, suspension or revocation of Instructor Certification, and collection efforts, as detailed in the Manual. I understand that I am responsible for all fees incurred by EMS Safety during collection efforts.

I understand EMS Safety's Refund Policy and Cancellation Policy, which are available at www.emssafety.com. I have read this Instructor Registration Form and the Manual, and agree to the terms and conditions of each as shown by my signature below. By signing below I verify that I am 18 years of age or older. I understand that this Instructor Registration Form is subject to approval by EMS Safety as indicated by an authorized signature below.

_____	_____	_____ / _____ / _____
Applicant Name (print)	Signature	Date
_____	_____	_____ / _____ / _____
Parent/Guardian (print)	Signature	Date
_____	_____	_____ / _____ / _____
EMS Representative Name (print)	Signature	Date