

Instructor Registration Form

| | | | | | | | | | | |
|--|--|---|---------------------------------|-------|--|---|--|--------|--|------|
| Contact Information: | | | | | | | | | | |
| First Name: | | | Middle Initial: | | | Last Name: | | | | |
| IF TEACHING FOR WORK: Employment Information: | | | | | | | | | | |
| Employer: | | | | | Job Title: | | | | | |
| 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 (REQUIRED): | | | | Ext.: | | Cell Phone: | | | | |
| Email (REQUIRED): | | | | | Website: | | | | | |
| Would you like EMS Safety to refer prospective students to you? | | | | | | | | | | |
| <input type="checkbox"/> YES , I would like my name to be given out to prospective students in my area and to be listed on www.emssafety.com . Email address, phone & website listed on this form will be given out. Once established, you can update the information yourself by logging into the Instructor Portal. | | | | | | | | | | |
| <input type="checkbox"/> NO , please do not provide my name and contact information to individuals looking for a provider course in my area. | | | | | | | | | | |
| Provider and Advanced Education/Certifications | | | | | | | | | | |
| Please provide a copy of your current certification(s). Online-only CPR certification is not accepted as a prerequisite for an EMS Safety Instructor course. | | | | | | | | | | |
| I plan to teach for: | | | | | | | | | | |
| <input type="checkbox"/> My Company/Organization | | | <input type="checkbox"/> Myself | | | <input type="checkbox"/> I do not plan to teach | | | | |
| I would like additional information on: | | | | | | | | | | |
| <input type="checkbox"/> BLS Training | | <input type="checkbox"/> CPR/AED/First Aid for Childcare | | | <input type="checkbox"/> Private Label Workbooks | | <input type="checkbox"/> Purchasing AEDs | | | |
| <input type="checkbox"/> Emergency Oxygen | | <input type="checkbox"/> CPR/AED/First Aid for Caregivers | | | <input type="checkbox"/> BBP | | <input type="checkbox"/> First Aid / Disaster Supplies | | | |
| Signature Required for Processing | | | | | | | | | | |
| <p>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/TCAM 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I agree to provide EMS Safety with a current email address at all times, and understand that critical information and updates will be sent by email.</p> <p>To inquire about a credit limit, please contact our Customer Service Department at (800) 215-9555, by emailing info@emssafety.com, or complete the form located here: www.emssafety.com/CreditApp</p> | | | | | | | | | | |
| _____ Applicant Name (print) | | | _____ Signature | | | | _____ Date | | | |
| _____ Parent/Guardian (print) | | | _____ Signature | | | | _____ Date | | | |