

Training Program Brand ASHI MEDIC First Aid EMS Safety Services
 Type of Authorization New Reauthorization (Registry/Instructor number # _____)
 Level of Authorization Instructor Instructor Trainer

1. Instructor Candidate Personal Information

Personal information will be kept strictly confidential

Mr. Ms. Dr. Last Name _____ First Name _____ MI _____
 Mailing Address _____
 City _____ State/Province _____ Zip/Postal Code _____ Country _____
 Email _____ Alternate Email _____
 Telephone _____ Fax _____ Mobile _____

2. Qualification by Instructor Development Course (IDC)

(If applying by Reciprocity, skip to "3. Qualification by Current Teaching Credential")

Applicant does not have current Instructor or Instructor Trainer credentials, but has recently completed an HSI Emergency Care Instructor Development Course and is currently certified, qualified, or licensed as indicated below (see #4).

HSI Emergency Care Instructor Development Course (IDC) IDC Completion Date _____
 Name of IT/MIT who conducted course _____
 Registry # _____ TCID _____
 IDC Student # (from IDC Completion Document) _____

3. Qualification by Current Teaching Credential (Reciprocity)

(If applying by IDC skip to "4. Current Certifications, Qualifications and Licenses")

Applicant has the following current and valid Instructor or Instructor Trainer credential(s). Check all that apply (For acronym details see "Guidelines for New Instructor or Instructor Trainer Authorization" in the Training Center Administrative Manual).

- | | | |
|--|---|--|
| <input type="checkbox"/> Authorized Instructor Trainer* | <input type="checkbox"/> Certified Mine Safety and Health Administration Instructor | <input type="checkbox"/> MEDIC First Aid Instructor |
| <input type="checkbox"/> AAP Instructor | <input type="checkbox"/> Certified National Traffic Safety Institute Instructor | <input type="checkbox"/> Military Training Instructor |
| <input type="checkbox"/> Academic Degree in Education | <input type="checkbox"/> Certified Scuba Diving Instructor | <input type="checkbox"/> NOLS/WMI Instructor |
| <input type="checkbox"/> Academic Degree in Medicine | <input type="checkbox"/> Certified or Licensed School Teacher | <input type="checkbox"/> NSC Instructor |
| <input type="checkbox"/> AHA Instructor | <input type="checkbox"/> DAN Instructor | <input type="checkbox"/> NSP Instructor |
| <input type="checkbox"/> ARC Instructor | <input type="checkbox"/> ECSI/AAOS Instructor | <input type="checkbox"/> OSHA Authorized Trainer |
| <input type="checkbox"/> ASHI Instructor | <input type="checkbox"/> EFR Instructor | <input type="checkbox"/> SAI Instructor |
| <input type="checkbox"/> Certified Emergency Nurses Association Instructor | <input type="checkbox"/> EMS Safety Instructor | <input type="checkbox"/> SOLO Instructor |
| <input type="checkbox"/> Certified EMS Instructor | <input type="checkbox"/> ILTP Instructor | <input type="checkbox"/> WMA Instructor |
| <input type="checkbox"/> Certified Fire Instructor | | <input type="checkbox"/> YMCA Instructor |
| <input type="checkbox"/> Certified Law Enforcement Instructor | | <input type="checkbox"/> Other Teaching Credential (submit credential) |

* Authorized Instructor Trainer requires completion of online Instructor Trainer Orientation Course. Additional fees apply.

4. Current Certifications, Qualifications and Licenses (To be completed for all applicants)

Applicant is currently certified, qualified, or licensed at the following level. Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> BLS and Advanced Emergency Medical Technician | <input type="checkbox"/> BLS, ACLS, and Physician Assistant | <input type="checkbox"/> BLS, ACLS, and Medical Doctor |
| <input type="checkbox"/> BLS and Advanced First Aid | <input type="checkbox"/> BLS and Registered Nurse | <input type="checkbox"/> BLS, ACLS, and Paramedic |
| <input type="checkbox"/> BLS and Certified Athletic Trainer* | <input type="checkbox"/> BLS and Wilderness Emergency Medical Technician | <input type="checkbox"/> BLS, ACLS, and Registered Nurse |
| <input type="checkbox"/> BLS and Emergency Medical Responder | <input type="checkbox"/> BLS and Wilderness First Responder | <input type="checkbox"/> BLS, ACLS, and Respiratory Therapist |
| <input type="checkbox"/> BLS and Emergency Medical Technician | <input type="checkbox"/> BLS Only | <input type="checkbox"/> CPR/AED Only
<input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Both |
| <input type="checkbox"/> BLS and First Aid | <input type="checkbox"/> BLS, ACLS, and Advanced Practice Registered Nurse | <input type="checkbox"/> First Aid Only |
| <input type="checkbox"/> BLS and Licensed Practical Nurse | <input type="checkbox"/> BLS, ACLS, and Certified Emergency Nurse | <input type="checkbox"/> First Aid/CPR/AED
<input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Both |

* Bachelor/Master's degree from professional athletic training education program and pass test administered by Board of Certification

5. Applicant Agreement and Attesting Statements (To be completed by applicant)

Have you ever had a government license, permit, or professional certification suspended, revoked, or denied, pled no contest, or been convicted of a felony? If yes, please provide a detailed explanation. Such circumstances do not absolutely preclude approval but are subject to the review and decision of the HSI Quality Assurance Board. Yes No

I agree to comply with the terms and conditions of Instructor or Instructor Trainer Authorization as described in the most current version of the Training Center Administrative Manual, Standards and Guidelines For Quality Assurance. Yes No

Please send news and promotional information via emails Yes No

Applicant Name (Please Print) _____

Signature of Applicant _____ Date _____

6. Training Center Affiliation and Agreement (To be completed by Training Center Director)

I am the Training Center Director responsible for managing the Training Center. I agree to comply with the terms and conditions of Training Center Approval as described in the most current version of the Training Center Administrative Manual, Standards and Guidelines for Quality Assurance, which includes keeping this application and current credentials on file.

Training Center (TC) Name _____ TC ID _____

TC Director Name (Please Print) _____

Signature of TC Director _____ Date _____

7. Payment

Check or Money Order | Check Number _____ P.O. _____
(If submitting Check, Money Order or PO, call Client Services at 800-447-3177 to determine full amount including tax.)

Credit card (Training Center will be contacted for payment information by Registry at time of processing.)

Point of Contact _____ Telephone _____

To access your instructor's Digital Authorization Card in Otis go to:

Organization>Instructors>Manage Instructors from the navigation bar. Either search for your Instructor by name or click View All. To the right of the Instructor's name click Actions and you will find the link to the Digital Instructor Authorization Card.

Application Processing

Training Center Directors: Enter information from this form into the Online Instructor Application found in Otis.

New Instructor applicant establishing a new Training Center: Use information from this form when completing the online Training Center eApplication at hsi.com/becomeaninstructor

Authorization period and fees: Authorization Period is two years. Authorization fee when submitted via online application: \$20 plus tax where applicable. When submitted via mail, email, or fax: \$40 plus tax where applicable; contact client services at 800-447-3177 for details. Allow 7-10 business days for processing.

IMPORTANT NOTE

Copies of this application, and all associated credentials or Instructor Development Course completion documentation must be kept on file for the length of the affiliation with the Training Center.