

Type of Authorization  New  Reauthorization  Upgrade

Level of Authorization  Instructor  Instructor Trainer

### Instructor Candidate Personal Information

Personal information will be kept strictly confidential

Dr.  Mr.  Ms. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

### Qualification by Instructor Development Course (IDC) or Instructor Trainer Development Course (ITDC)

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

Applicant does not have current Instructor or Instructor Trainer credentials, but has recently completed an American Safety & Health Institute Instructor or Instructor Trainer Development Course and is up to date with the 2010 CPR and first aid science, treatment, recommendations, and guidelines.

- American Safety & Health Institute Instructor Development Course (IDC)
- American Safety & Health Institute Instructor Trainer Development Course (ITDC)

Name of IT/MIT who conducted course \_\_\_\_\_

Registry # \_\_\_\_\_ TCID \_\_\_\_\_

### Qualification by Current Teaching Credential (Reciprocity)

*(If applying by IDC or ITDC, skip to "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"/> Military Training Instructor                  |
| <input type="checkbox"/> AAP Instructor                                   | <input type="checkbox"/> Certified National Traffic Safety Institute Instructor     | <input type="checkbox"/> NOLS/WMI Instructor                           |
| <input type="checkbox"/> Academic Degree in Education                     | <input type="checkbox"/> Certified Scuba Diving Instructor                          | <input type="checkbox"/> NSC Instructor                                |
| <input type="checkbox"/> Academic Degree in Medicine                      | <input type="checkbox"/> Certified or Licensed School Teacher                       | <input type="checkbox"/> NSP Instructor                                |
| <input type="checkbox"/> AHA Instructor                                   | <input type="checkbox"/> DAN Instructor   | <input type="checkbox"/> OSHA Authorized Trainer                       |
| <input type="checkbox"/> ARC Instructor                                   | <input type="checkbox"/> ECSI/AAOS Instructor                                       | <input type="checkbox"/> SAI Instructor                                |
| <input type="checkbox"/> ASHI Instructor                                  | <input type="checkbox"/> EFR Instructor   | <input type="checkbox"/> SOLO Instructor                               |
| <input type="checkbox"/> Certified Emergency Nurse Association Instructor | <input type="checkbox"/> EMP Canada Instructor                                      | <input type="checkbox"/> WMA Instructor                                |
| <input type="checkbox"/> Certified EMS Instructor                         | <input type="checkbox"/> EMSSS Instructor   | <input type="checkbox"/> YMCA Instructor                               |
| <input type="checkbox"/> Certified Fire Instructor                        | <input type="checkbox"/> ILTP Instructor  | <input type="checkbox"/> Other Teaching Credential (submit credential) |
| <input type="checkbox"/> Certified Law Enforcement Instructor             |   |  |

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

Applicant is up to date with the 2010 CPR and first aid science, treatment, recommendations, and guidelines and is certified, qualified, or licensed at the following level. *Check all that apply.*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> BLS (Professional Level CPR/AED/Adult/Child/Infant) | <input type="checkbox"/> BLS & Registered Nurse                 | <input type="checkbox"/> BLS, ACLS, & Paramedic                                 |
| <input type="checkbox"/> BLS & Advanced EMT                                  | <input type="checkbox"/> BLS & Wilderness EMT                   | <input type="checkbox"/> BLS, ACLS, & Respiratory Therapist                     |
| <input type="checkbox"/> BLS & Advanced First Aid                            | <input type="checkbox"/> BLS & Wilderness First Aid             | <input type="checkbox"/> BLS, ACLS, & RN  |
| <input type="checkbox"/> BLS & Athletic Trainer                              | <input type="checkbox"/> BLS & Wilderness First Responder       | <input type="checkbox"/> CPR & AED (Adult/Child/Infant)                         |
| <input type="checkbox"/> BLS & Emergency Medical Responder                   | <input type="checkbox"/> BLS, ACLS, & Advanced Practice Nurse   | <input type="checkbox"/> First Aid (Adult/Child)                                |
| <input type="checkbox"/> BLS & Emergency Medical Technician                  | <input type="checkbox"/> BLS, ACLS, & Certified Emergency Nurse | <input type="checkbox"/> First Aid (Adult/Child) & CPR/AED (Adult/Child/Infant) |
| <input type="checkbox"/> BLS & First Aid (Adult/Pediatric)                   | <input type="checkbox"/> BLS, ACLS, & Medical Doctor            | <input type="checkbox"/> Lifeguard  |
| <input type="checkbox"/> BLS & Licensed Practical Nurse                      |   | <input type="checkbox"/> Other (Submit Credential)                              |

**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 Training Center Administrative Manual, Standards and Guidelines For Quality Assurance.

Yes  No

Completed 2010 Guidelines Update

Yes  No

Please send American Safety & Health Institute news and promotion information via email

Yes  No

Applicant Name *(Please Print)* \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**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 Training Center Administrative Manual, Standards and Guidelines for Quality Assurance, which includes keeping this application and related documentation on file.

Training Center (TC) Name \_\_\_\_\_ TC ID \_\_\_\_\_

TC Director Name *(Please Print)* \_\_\_\_\_

Signature of TC Director \_\_\_\_\_ Date \_\_\_\_\_

**Payment**

Check or Money Order | Check Number \_\_\_\_\_

P.O. \_\_\_\_\_

Credit Card on File | Last 4 Digits \_\_\_\_\_

To provide new credit card information, please call the Registry Department at 800.447.3177

**Instructor Authorization Card Mailing Instructions**

Send Card to Training Center     Send Card directly to Instructor or Instructor Trainer

**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 [info.hsi.com/newTCASHI](http://info.hsi.com/newTCASHI)

**Authorization period and fees:** Authorization Period is two years. Authorization fee when submitted via online application: \$20.

**No access to online application:** Contact client services at 800-447-3177 for information on submitting applications via fax or mail (additional fees apply).

**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.