



Instructor or Instructor Trainer Application for Authorization

☐ New ☐ Reauthorization ☐ Upgrade

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 _____ Telephone _____ Alternate Telephone _____

Authorization Level

☐ Instructor ☐ Instructor Trainer

Qualification by IDC or ITDC

Applicant does not have current Instructor or Instructor Trainer credentials, but has completed an MEDIC Instructor or Instructor Trainer Development Course in the last 30 days and is up to date with the 2010 CPR and first aid science, treatment, recommendations, and guidelines.

Name of IT/MIT who conducted course _____ Registry # _____ TCID _____

Qualification by Reciprocity

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

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> AAP | <input type="checkbox"/> EMSSS | <input type="checkbox"/> NTSI |
| <input type="checkbox"/> AHA | <input type="checkbox"/> ENA | <input type="checkbox"/> OSHA |
| <input type="checkbox"/> ARC | <input type="checkbox"/> Fire | <input type="checkbox"/> SAI |
| <input type="checkbox"/> ASHI | <input type="checkbox"/> ILTP | <input type="checkbox"/> SCUBA |
| <input type="checkbox"/> DAN | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> SOLO |
| <input type="checkbox"/> ECSI/AAOS | <input type="checkbox"/> MSHA | <input type="checkbox"/> WMA |
| <input type="checkbox"/> EFR | <input type="checkbox"/> NOLS/WMI | <input type="checkbox"/> WMI Professional |
| <input type="checkbox"/> EMP Canada | <input type="checkbox"/> NSC | <input type="checkbox"/> YMCA Lifeguarding |
| <input type="checkbox"/> EMS | <input type="checkbox"/> NSP | <input type="checkbox"/> Other: _____ |

Certifications, Qualifications and Licenses

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"/> ACLS | <input type="checkbox"/> CPR and AED | <input type="checkbox"/> Pediatric First Aid |
| <input type="checkbox"/> AEMT | <input type="checkbox"/> EMR | <input type="checkbox"/> RT |
| <input type="checkbox"/> Advanced First Aid | <input type="checkbox"/> EMT | <input type="checkbox"/> RN |
| <input type="checkbox"/> APN | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> WEMT |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> LPN | <input type="checkbox"/> Wilderness First Aid |
| <input type="checkbox"/> Adult First Aid | <input type="checkbox"/> MD | <input type="checkbox"/> Wilderness First Responder |
| <input type="checkbox"/> BLS | <input type="checkbox"/> PALS | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CEN | <input type="checkbox"/> Paramedic | |

Applicant Agreement and Attesting Statements

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

MEDIC may send me promotions, advertisements, and newsletters via email. ☐ Yes ☐ No

Applicant Name (Please print) _____

Signature of Applicant _____ Date _____

Training Center Affiliation and Agreement

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.

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 _____

For new credit card information, please call 800.447.3177

Instructor Authorization Card Mailing Instructions

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

Application Processing

Submit \$25.00 processing fee and a copy of this completed form to Health & Safety Institute by one of the following methods:

Email: applications@hsi.com

Fax: 503.914.1424

Mail: Health & Safety Institute
1450 Westec Drive
Eugene, OR 97402

Please allow 2 to 3 weeks for processing.

Applications can be processed electronically through the TC Manager portal at a reduced rate. Authorization cards will print within 2 business days.