



Instructor Status Change Form

Authorized MEDIC FIRST AID® Instructors

Please print or type all information legibly and clearly.

Instructor Information

☐ Mr. ☐ Ms. Last Name _____ First Name _____ MI _____

Current Training Center Name _____ TC ID _____

Change of Address (Instructor)

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Telephone _____

Change of Training Center Affiliation — \$5⁰⁰ fee (Instructor will be issued a new authorization card with the new Training Center ID printed on it.)

New Training Center Name _____ New TC ID _____

Update/Upgrade Program Authorization

☐ Update authorized program offerings — \$25⁰⁰ fee (Please check appropriate provider certification and experience boxes.)

<input type="checkbox"/> CPR & AED (Adult, Child & Infant)	<input type="checkbox"/> First Aid	<input type="checkbox"/> Bloodborne Pathogens	<input type="checkbox"/> ACLS	<input type="checkbox"/> First Responder
<input type="checkbox"/> Professional-level CPR/AED	<input type="checkbox"/> Advanced First Aid	<input type="checkbox"/> Oxygen First Aid	<input type="checkbox"/> PALS	<input type="checkbox"/> Wilderness First Responder

Experience

<input type="checkbox"/> MD/DO	<input type="checkbox"/> NP/PA	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Nurse (RN/LPN)	<input type="checkbox"/> EMT	<input type="checkbox"/> Firefighter	<input type="checkbox"/> Police Officer	<input type="checkbox"/> Wilderness
<input type="checkbox"/> Other (Please attach a list of Instructor's other certifications and experience.)							

☐ Upgrade to Instructor Trainer level — \$25⁰⁰ fee (TC must have documentation on file.)

Upgrade through

<input type="checkbox"/> Reciprocity	<input type="checkbox"/> Classroom Instructor Trainer Development Course	<input type="checkbox"/> Online Instructor Trainer Development Course
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Other

☐ Reauthorization — \$25⁰⁰ fee ☐ Replacement Instructor Card — \$5⁰⁰ fee

☐ License or Certification Suspension or Revocation/Felony Conviction (Please attach a detailed explanation.)

Payment

Payment Method ☐ Check ☐ Money Order ☐ Credit Card (For credit card, please complete information below or call Client Services.)

Name of Cardholder _____ Signature of Cardholder _____

Billing Address for Credit Card _____

Acct. Number _____

Verification Code _____ Expiration Date _____

Instructor Certification Mailing Instructions ☐ Send Instructor Card to Training Center ☐ Send Instructor Card to Instructor

Agreement

Training Center Director Agreement: I have received and validated the required credentialing documentation from the Instructor applicant listed above. I agree to maintain responsibility for this Instructor and ensure that he or she has access to and complies with the most recent administrative guidelines as outlined in the TCAM. I will maintain a copy of this application and associated credentials for the length of this Instructor's affiliation with my Training Center and for a minimum of 3 years following termination of that affiliation.

TC Director Name (Please print) _____

Signature _____ Date _____

Please see reverse for instructions

MEDIC FIRST AID Instructor Status Change Instructions

Instructor Information

Please complete this section fully to help us identify the Instructor whose status is changing.

Change of Address

Please complete if Instructor's address has changed.

Change of Training Center Affiliation

- Please indicate the Instructor's new Training Center. The new Training Center Director must sign the bottom of the form.
- **NOTE: Use this form only for affiliation with an existing Training Center.** To establish a new Training Center, please submit a Training Center Application. The Training Center Application can be found at medicfirstaid.com.

Update/Upgrade Program Authorization

Update authorized program offerings

- If the Instructor's other certifications or experience have increased since last authorization, please check this box and indicate all current certifications and experience.
- Checking this box will result in issuance of a new Instructor card with a new expiration date, indicating all the programs the Instructor is now authorized to teach.
- **NOTE: Training Center Directors may reauthorize their Instructors and increase their authorized programs online by logging into the Instructor login area of the website.**

Upgrade to Instructor Trainer

Reciprocity

- If the Instructor has become an Instructor Trainer with another organization, please check this box. The Training Center Director must maintain a copy of the reciprocal certification on file.

ITDC

- If the Instructor has become an Instructor Trainer through classroom or online training, check the appropriate box.

The Instructor Trainer's program authorization will be based on their current Instructor type.

Other

Please indicate all changing categories for Instructor.

Reauthorization

- Instructor authorization is for a period of two years. During that period, the Instructor must have taught a minimum of two MEDIC FIRST AID classes, and must have abided by the guidelines set forth in the TCAM.
- Checking this box will result in issuance of a new Instructor card with a new expiration date, but with the same authorized programs.
- **NOTE: Training Center Directors may reauthorize their Instructors online by logging into the Instructor login area of the website.**

Replacement Instructor card

MEDIC FIRST AID will replace lost, stolen, or destroyed Instructor cards for a \$5.00 fee. The newly issued Instructor card will not have a new expiration date.

Suspension/Revocation/Felony conviction

- If this information has changed during the Instructor's authorization period, you must inform MEDIC FIRST AID and submit a detailed memo explaining the circumstances. MEDIC FIRST AID will review the information and determine the Instructor's eligibility for continued Instructor authorization.
- Any false information provided will result in revocation of Instructor authorization.

Payment

There is a fee associated with any action resulting in issuance of a new Instructor card. Please attach this fee by one of the methods listed.

Agreement

TC Director Agreement

- Your signature indicates that you are verifying that all information on this form is accurate, and that you agree to abide by the policies and guidelines of MEDIC FIRST AID.

What to do with the form:

- When the form is completed, make a copy for your records and submit the original with any associated fee to MEDIC FIRST AID for processing.
- Make a copy of all current certifications and other documentation supplied by the Instructor Applicant for the Training Center records. DO NOT SEND THESE DOCUMENTS TO MEDIC FIRST AID. In the event of an audit, you will be required to present these copies.
- Submit a copy of this form, signed by all relevant parties, to MEDIC FIRST AID by one of the following methods:

Email: applications@medicfirstaid.com

FAX: 503-914-1424

Mail: MEDIC FIRST AID
PO Box 21738
Eugene, OR 97402

Please allow 4 to 6 weeks for processing.

NOTE: This application may also be completed online at medicfirstaid.com. Online applications will be processed within 1-2 weeks.