

1. Purpose

The purpose of this document is to describe Trinity Medical Management's (Trinity) Medic First Aid ("MFA") Instructional Program. The scope, key interrelationships between core processes, and key instructional procedures are described.

2. Scope

This Policy Manual applies to all activities, products, and services related to Medic First Aid. This includes, but is not limited to, instruction, staff and instructor development, and related compliance topics.

3. Responsibilities

The Training Center Director ("Director") and the senior management team share responsibility for the operation and effectiveness of the MFA Training Program. The Director has direct responsibility for the operation of the program and for the content of this manual, subject to the approval of senior management. Other Trinity employees have responsibilities as described in this manual.

4. Policies

4.1 Instructor Policies

4.1.1 General Requirements

All MFA instructors must:

- a. maintain an affiliation with an authorized MFA Training Center;
- b. ensure a high-quality educational experience for students;
- c. ensure that classrooms are free from discrimination, harassment, prejudice and abusive behaviors;
- d. use an instructional approach that gives priority to the care provider's safety and the patient's welfare;
- e. teach in accordance with the most recent MFA curriculum and administrative policies and procedures;
- f. comply promptly with quality assurance monitoring, investigations or actions recommended by MFA or its designees;
- g. maintain current authorization as an MFA-authorized Instructor while actively teaching MFA programs;
- h. refrain from engaging in dishonest, unethical or unprofessional conduct including, but not limited to, issuing unearned Successful Completion Cards or withholding properly earned Successful Completion Cards;
- i. refrain from engaging in fraudulent or illegal actions, such as financial or other business-related misconduct, false advertisement, discrimination, forgery, misrepresentation and unauthorized duplication of copyrighted training materials;
- j. complete and submit paperwork to the Training Center in a timely manner.

4.1.2 Quality Assurance & Improvement - Policy & Procedure

It is the Training Center's responsibility to maintain the goodwill associated with Medic First Aid and its programs. The Trinity policy is continually to strive for high standards of quality in the administration and delivery of Medic First Aid Programs.

Procedure:

As part of Trinity's efforts to continually improve the quality of its courses, the following procedures will be implemented by all Trinity Instructors:

- Instructor courses will be conducted according to MFA published standards. Normal class parameters with respect to class length, student-to-instructor ratio, student-to-equipment ratio, classroom characteristics, audio-visual materials, etc., are defined in the MFA Program Standards;
- Instructors will review class material and check equipment no later than 24 hours before classes start to ensure that nothing is missing, inoperable, or out of date. If any piece of equipment needs to be replaced or repaired, Instructors will communicate with Trinity to ensure the readiness for their class;
- Instructors will confirm classes with customers no later than 3 days before classes start to confirm course, class location, start time, maximum size, and other variables including any students who require specific accommodations per the ADA. If the confirmation call identifies any issue, the instructor will verify that the customer has the correct contact information for the Training Center, and will request that the customer communicate with the Training Center. The instructor will also inform the Training Center of the issue. The Training Center will resolve the issue with the customer before the class date.
- Instructors will make students aware of the class evaluation in the Student Guide at the end of every class. At the beginning of class, the Instructor will identify a volunteer to collect the evaluations at the end of class. After the class has been completed, this volunteer will collect the completed evaluations and place them into an envelope. The volunteer will seal the envelope, sign his/her name across the seal, and give the envelope to the instructor. The Instructor will return the sealed envelope to the Training Center. Instructors are not to have students complete the evaluations prior to the end of class, and are not to have access to the completed evaluations until after they have been received by the Training Center.
- The Instructor will provide students / customer with contact information for Training Center, or Training Center may at random contact customer to determine: class length, classroom conditions, equipment conditions, etc.
- The Training Center Director will review all student evaluations and results of follow-up calls, and after review, will make them available to the instructor. If these documents indicate that an Instructor is in need of remediation or disciplinary action, the Training Center will address this need, giving the Instructor the opportunity to make the appropriate corrections or modifications, and escalating to termination of the Instructor-Training Center relationship when these measures are unsuccessful.

- Periodically, the Training Center may arrange with a customer for an Instructor, Instructor Trainer, Master Instructor Trainer, or other authorized representative not known to an Instructor to participate in a class as a student. After the class is completed, the monitoring person will submit a teaching evaluation to the Training Center Director for review with the Instructor who taught the class.
- Trinity will monitor its Instructors to ensure that they comply with all Training Center and MFA requirements. When an Instructor fails to comply with a requirement, the TC will institute appropriate corrective measures. If an instructor consistently fails to comply with requirements, the Training Center will sever the Instructor's affiliation with the Training Center.
- Trinity will inform HSI of any instance of its terminating its relationship with an affiliated instructor, and of its reasons for doing so.

4.1.3 Equipment Maintenance and Decontamination

All equipment used to training participants must be in good working condition and decontaminated appropriately after each use.

All students should use face shields and / or appropriate barriers during the course of practical exercises.

Procedure:

To ensure the proper working condition of the teaching equipment, the following procedures will be implemented by all Trinity MFA Instructors:

- Instructors will check and verify the good working order of their equipment no later than 24 hours prior to the start of class to ensure fully charged batteries, all equipment is working appropriately, and all equipment has been cleaned and stored appropriately. Any mannequin that is used by students must, *at a minimum*, be cleaned prior to and immediately after use with a recommended disinfectant or a freshly prepared 10% bleach solution.
- If equipment needs maintenance or cleaning, Instructors will perform these tasks, or make arrangements to have alternate or replacement equipment mobilized to site;
- Instructors must follow the manufacturer's recommendations about the maintenance and decontamination of equipment. If equipment needs repair, replacement, or other maintenance, the Instructor must contact the Director.

4.1.4 Professional Conduct

The Trinity Code of Conduct:

Trinity will not accept:

- Any acts of dishonesty, including but not limited to, falsification of any company records, documents, or other information provided;
- Possession of Trinity property, its employees, or your co-workers without permission;

- Gambling on the premises or on any worksite.

Trinity requires a non-abusive work environment. We will not accept:

- Fighting, horseplay or any other acts of physical abuse or intimidation towards anyone on a worksite or other premises;
- Misusing, defacing, damaging, or destroying the property of Trinity or any of its customers or property belonging to another person;
- Racial, sexual or any other verbal harassment including obscene or abusive language, threats, intimidation or coercion;
- Possession of a weapon while on Trinity's property or on the property of its customers at any time;
- Possession, consumption, distribution, or being under the influence of alcohol or controlled substances while on Trinity property of the property of its customers at any time.

Trinity requires a safe environment. We will not accept:

- Failure to follow Trinity's established operating policies and procedures;
- Failure to maintain proper hygiene and/or failure to follow required sanitary practices;
- Failure to wear proper uniforms (when required) and clothing;
- Failure to cooperate with management in the investigation of accidents, efficiencies, quality or quantity standards, or any other matter dealing with improving the means and methods of production and/or improving the quality of our service and the work environment;
- Failure to promptly report or failure to follow proper procedures regarding a work-related injury;
- Any other unsafe conduct.

Trinity requires a team effort. We will not accept:

- Insubordination – refusal to obey a reasonable, direct order from your supervisor or any member of management;
- Malingering – pretending to be sick to avoid work, loitering, sleeping during work time or interfering with another employee in the performance of his or her job;
- Unauthorized absence from scheduled work or excessive tardiness.

4.1.5 Training Center Communication Policy & Procedure

Trinity is committed to communicating effectively with its staff and its customers. TC customers must be able to contact the TC whenever they wish to schedule a class, resolve issues, ask a question, or provide feedback about an experience with the TC or its staff. In addition, all customers receiving MFA programs must be given contact information for HSI.

Procedures

To ensure appropriate communication, the following procedures will be implemented by all TC staff:

- Instructors will inform students in each class of the "Rate Your Program" tool, and how to access it on the HSI website. Additionally, Instructors will inform all classes of the Student Course Evaluation attached to the certification card for independent review of the class.
- Instructors will maintain a means of communication with the TC. The TC must be able to contact instructors within one business day of any issue brought to its attention.
- The TC will establish a regular method of communication with Instructor staff. Instructors must check the TC's communication methods on a regular and frequent basis.
- Instructors will provide all students with the TC's telephone number and the TC Director's email address.
- All communications with the public, customers, and fellow employees will be kept confidential under most circumstances. Customer information such as name address, telephone number, and electronic communication is considered secure and confidential, and will not be made available outside of the TC.

4.1.6 Certification Card Security Policy & Procedure

Training Centers are expected to take precautions to preserve the value of Medic First Aid certification, and to ensure that it continues to be widely accepted. In order for a course participant to be certified by an authorized Medic First Aid Instructor, the participant must have met the required knowledge and skill objectives of the course. Certification is indicated by an issuance of a certification card. Certification cards must not be issued, or in any other way made available, to course participants except by an authorized Medic First Aid instructor as a result of successful completion of a Medic First Aid course. In order to prevent unauthorized possession of a certification card, the Training Center requires all instructors adhere to the following procedures.

Procedure

To ensure proper security and handling of certification cards, the following procedures will be implemented by all instructors, on ***all Trinity projects, without exception:***

- All certification materials will be stored inside a locked file in sick bay or the medic's bunkroom, **in a locked file**, until such time as they are needed for a Medic First Aid class;
- All project sites, via the Medical Pack Inventory, will maintain an updated inventory of all student packs in its possession, along with records of issuance or destruction of cards no longer in its possession. These records must tally with the count, and are subject to audit by Trinity or Medic First Aid at any time.

- Certification cards issued to participants must be completed in ink by the instructor prior to being issued. No student is to be given access to a certification card with either the holder or the date field blank, except in circumstances where the student fills in the name field in the instructor's presence.
- In circumstances where Student Packs cannot be issued in class, such as when insufficient student packs are present on the project, Medic First Aid Recognition of Participation will be issued to the students.
- On completion of a course, Instructors will verify the count of student packs with the Training Center (Trinity), and ensure the number of packs used is the same as the number of students accounted for on the Training Roster.

4.2 Administrative Policies

4.2.1 Training Center Director

4.2.1.1 Roles and Responsibilities

- a. Ensures that all Instructors affiliated with, or teaching courses for the Training Center are properly qualified and authorized by MFA;
- b. Maintains a file with the current application and credentials for all Instructors affiliated with the Training Center and immediately notifies MFA of any change in an affiliated Instructor's status;
- c. Ensures that Instructors are prepared to provide a high-quality educational experience for students;
- d. Ensures that appropriate equipment is available to Instructors for use during MFA courses in sufficient quantities to allow each student hands-on practice of required psychomotor skills;
- e. Ensures adequate classroom health and safety to prevent injury and minimize the risk of disease transmission;
- f. Ensures that MFA-authorized Instructors dress in clean, professional attire suitable to the setting of the class;
- g. Ensures that classrooms are free from discrimination, harassment, prejudice, and abusive behaviors;
- h. Tracks the appropriate quality metrics for Trinity's MFA instructional program;
- i. Removes instructors from the Training Center teaching staff who have failed reasonable attempts at remediation, or those involved in dishonest, unprofessional, unethical, or illegal conduct, and notifies MFA of their removal; and
- j. Works with MFA to investigate and correct any situation that endangers the goodwill associated with MFA programs, Training Centers or Instructors.

* Note: The Director may designate a staff Instructor to assume day-to-day management of Training Center administration, but remains personally responsible for all aspects of the Training Center's operations.

4.2.2 Record Maintenance

- 4.2.2.1 Upon written request, Trinity will timely provide any and all related Training Center documents to MFA staff or its designees; appropriate local, state and / or federal officials.
- 4.2.2.2 Trinity will retain "clear, legible and orderly records pertaining to Instructors, courses and course evaluations for a period of no less than three (3) years." These documents include, but are not limited to:
- a. Completed class rosters reflecting the participants' names, class date, time, and location, type of class, Instructor's name and Instructor's signature for each class;
 - b. Records of students' scores for classes in which Written Knowledge Reviews (examinations) were given;
 - c. Copies of the required participants' evaluation of the class/Instructor.
*Note: To minimize the volume of records retained, the Director may choose to summarize the evaluations and retain the summaries;
 - d. All documentation related to MFA Quality Assurance investigations or other types of problem resolution;
 - e. A signed application for each Instructor with copies of all pertinent credentials.
* Note: Pertinent credentials means if the Instructor attained MFA Instructor authorization through reciprocity, Trinity will retain a copy of the original reciprocal authorization.

4.2.3 Audit

Administrative internal audits will be done no less than once per year to check procedure and verify system performance.

5. Instruction Procedures

5.1. Instructor Authorization

5.1.1 Training

Classroom training is one method of qualification. This method consists of:

- Attendance at and successful completion of a MFA Instructor Development Course. Current certification as a provider for at least one of the programs the candidate intends to teach is a minimum prerequisite or co-requisite to attendance.
- Apprenticeship training during MFA provider courses. Current certification as a provider for at least one of the programs the candidate intends to teach is a minimum prerequisite for apprenticeship.

5.1.2 Reciprocity

Authorization may be attained through reciprocity with another organization whose program materials are evidence based. Current and valid Instructor and Instructor-Trainer credentials will be accepted from:

- American Safety & Health Institute (ASHI);
- American Heart Association (AHA);
- American National Red Cross (ARC);
- National Safety Council (NSC); or
- Completion of an Instructor training program that meets or exceeds the US DOT / NHTSA [2002 National Guidelines for Educating EMS Instructors](#).

Other credentials will be reviewed on a case-by-case basis in conjunction with MFA.

5.1.3 Procedure for Initial Authorization

- a. Identify candidate
- b. Determine if candidate is eligible for reciprocity
 1. If eligible, skip directly to step f.
- c. Complete online or classroom Instructor course
- d. Complete Facilitator Training Written Knowledge Review
- e. Complete Facilitator Evaluation Sheet with authorized Instructor-Trainer
- f. Complete MFA New Instructor Application
- g. Submit to the Director

5.2. Instructor Reauthorization



Prior to reauthorization as a Medic First Aid Instructor, candidates must:

- a. Instruct a minimum of two MFA classes during the authorization period
 - * Note: Class rosters must be on file with the Training Center.
- b. Maintain a current affiliation with an approved Training Center

5.2.1 Procedure for Reauthorization

- a. Complete MFA Instructor Status Change form
- b. Submit to Director
- c. If candidate does not have at least 2 class rosters on file with the training center for the expiring authorization period, he/she must submit additional documentation and/or complete a MFA Instructor Development Class or a portion thereof as determined by the Director.

5.3. Instructor-Trainer Authorization

Instructor Trainers are authorized to teach providers "how to teach," and to provide documentation of course completion to support their application for authorization as Instructors.

5.3.1 Training

- Successful completion of the MFA Instructor Trainer Development Course (online)

5.3.2 Procedure for Initial Authorization

- a. Identify candidate
- b. Complete online Instructor Development course
- c. Complete MFA New Instructor Application Form (Is it the change of status form or the new instructor form?)
- d. Submit to Director

5.4. Instructor-Trainer Reauthorization

Prior to reauthorization as a Medic First Aid Instructor Trainer, candidates must:

- a. Instruct a minimum of two MFA Instructor Trainer classes during the authorization period
 - * Note: Class rosters must be on file with the Training Center
- b. Maintain a current affiliation with an approved Training Center

5.4.1 Procedure for Reauthorization

- a. Complete MFA Instructor Status Change form
- b. Submit to Director
- c. If candidate does not have at least 2 class rosters on file with the training center for the expiring authorization period, he/she must submit additional documentation and/or complete a MFA Instructor Development Class or a portion thereof as determined by the Director.

5.5. Documentation

5.5.1 All MFA Classes

All Trinity-instructed MFA classes require the following documents to be submitted within 24 hours following completion of the class:

- Class Roster
- Training Evaluation Form for each class participant

5.5.2 MFA Facilitator Classes

To be submitted above and beyond the requirement for all MFA classes:

- Written Knowledge Review for each class participant
- Facilitator Evaluation Form for each class participant


5.6. Materials


All MFA materials must be ordered via the Director or designated Trinity Administrative personnel. Route all requests for materials via the Medical Pack Inventory Form and Trinity materials management system.

6. Forms

Current versions of all forms can be downloaded from the Trinity Intranet

6.1. Class Roster





Class Roster

MEDIC FIRST AID® Basic Training Programs

Class Information

MEDIC FIRST AID program used ☐ Basic CPR and First Aid For Adults ☐ Initial Training
☐ BasicPlus CPR, AED, and First Aid for Adults ☐ Retraining

Organization Receiving Training _____ Class Date _____
 Class Location _____

Please Print or Type

#	Student's Name	Student ID	Company/Department
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Instructor Information

Instructor Name _____ Registry Number _____
 Assistant Instructor's Name _____ Registry Number _____
 Training Organization _____

I certify that this course was taught as outlined in the course *Instructor Guide*. I understand that falsifying records can result in revocation of my privilege to teach.

Instructor Signature _____ Date _____
 Assistant Instructor Signature _____ Date _____


Submit this Roster to the Training Center responsible for the class.

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6.2. Training Evaluation Form

 TRINITY MEDICAL MANAGEMENT		Training Evaluation Form	
Medic First Aid BasicPlus CPR, AED & First Aid			
<small>Training Class Title:</small>			
<small>Training Date:</small>	<small>Instructor (S. Contractor):</small>	<small>Training Site:</small>	

Rating Scale:

Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
5	4	3	2	1

How satisfied are you with...

Training Effectiveness and Efficiency	5	4	3	2	1
... you learned how the gained knowledge can be applied in "real life"?					
... the training will benefit your job?					
... the training was efficient and made good use of time?					
... the training method truly helped you learn?					

Instructor	5	4	3	2	1
... the instructor demonstrated knowledge of the subject?					
... the instructor made it interesting?					
... the instructor encouraged questions?					

Training Materials and Environment	5	4	3	2	1
... the training materials were an aid to assist learning?					
... the training materials will be a useful reference in the future?					
... the training room and setup were conducive to learning?					
... appropriate equipment was used?					

Please provide any suggestions, comments and/or further explanations to above responses:

<small>Your name (optional):</small>	<small>Date:</small>
--------------------------------------	----------------------

This form is used to evaluate training providers, to gain feedback for internal trainers, and to evaluate training effectiveness.

6.3. Facilitator Evaluation Worksheet

Facilitator Evaluation Worksheet



Student's Name _____ Date _____

Instructions: This worksheet is designed to be filled out as you roam through groups observing Facilitator Candidates. The evaluation is informal and provides a format for constructive feedback to the candidates. It is not a pass or fail exercise.

<i>Facilitating Program Segment</i>	<i>Check If Completed</i>
Introduced the skill and video segment	
Explained how skill session will be conducted	
Performed Real-Time Demonstrations without interruption or explanation	
Second demonstration with explanation of critical steps to perform the skill	
Solicited questions from students	

Coaching Questions:

1. Was the Facilitator Candidate unable to perform the skill or did he/she perform the skill in a manner that would worsen a patient's condition?

☐ Yes* ☐ No

2. Did Facilitator Candidate perform the skill with difficulty but not in a manner that would worsen a patient's condition?

☐ Yes* ☐ No

*If "Yes" make suggestions for improvement and then re-evaluate. _____

<i>Facilitating Small Group Practice</i>	<i>Check If Completed</i>
Organized and used time effectively	
Created a relaxed, stress-free skills practice session	
Identified correct skill performance with positive coaching	
Identified incorrect skill performance and attempted correction with positive coaching	
Allowed opportunity for student "self-discovery"	

Coaching Questions:

1. Was the Facilitator Candidate unorganized or did he/she not use time effectively?

☐ Yes* ☐ No

2. Did the Facilitator Candidate miss incorrect skill performance?

☐ Yes ☐ No

a. If yes, could the error lead to increased patient injury?

☐ Yes* ☐ No

*If "Yes" make suggestions for improvement and then re-evaluate. _____

Facilitator Evaluation Worksheet



Student's Name _____ Date _____

<i>Facilitating Talk-Through Scenarios</i>	<i>Check if Completed</i>
Described emergency situation from rescuer's perspective	
Provided prompt for "procedure"	
Allowed for successful "actions" to be performed	
Stated appropriate "condition"	
Provided positive coaching	

Coaching Questions:

1. Did Facilitator Candidate observe groups for pacing and performance?

☐ Yes ☐ No*

*If "No" make suggestions for improvement and then re-evaluate. _____

<i>Facilitating Performance Evaluation</i>	<i>Check if Completed</i>
Described emergency situation from rescuer's perspective	
Did not coach Candidate	
Allowed for successful "actions" to be performed	
Stated appropriate "condition"	
Provided positive coaching when evaluation complete	

Coaching Questions:

1. Did Facilitator Candidate successfully complete two Performance Evaluations as a student?

☐ Yes ☐ No*

*If "No" make suggestions for improvement and then re-evaluate. _____

The Facilitator candidate named above successfully completed the Facilitator Training Workshop including two (2) Performance Evaluations.

Trainer/Master Signature _____ Date _____



6.4. New Instructor Application



New Instructor Application

MEDIC FIRST AID International, Inc.

Please print or type.

Part 1 — To be completed by the Instructor Candidate

Personal Information (Personal information will be kept strictly confidential.)

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

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Contact Telephone _____

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

Have you ever had a license or certification suspended, revoked or denied, including certification by any of the organizations listed below, or been convicted of a felony in any state?

☐ No ☐ Yes (If yes, you may still be eligible for instructor authorization, but you must attach a detailed explanation.)

Instructor Agreement

I agree that the information and documentation I have provided is true and accurate. I agree to conduct MEDIC FIRST AID training classes in accordance with the most recent version of the MEDIC FIRST AID Training Center Administrative Manual (TCAM) and understand that authorization as a MEDIC FIRST AID Instructor may be suspended or revoked at any time by MEDIC FIRST AID.

Signature of Applicant _____ Date _____

Part 2 — To be completed by the Training Center Director

Training Center Affiliation _____

Training Center Name _____ TC ID _____

☐ Check here if you do not have a Training Center ID because you are establishing a new Training Center. Complete and attach a Training Center Application.

Method of Instructor Authorization (Please complete appropriate section below.)

Method 1: Instructor Development Course (IDC) or Instructor Trainer Development Course (ITC) — Instructor Candidate must provide documentation of course completion to the Training Center Director.

☐ Instructor ☐ Instructor Trainer

Individual program instructor eligibility is based on current provider certification status of the candidate, as indicated below.

Current Provider Certification of Candidate

☐ CPR & AED (Adult, Child & Infant) ☐ First Aid ☐ Bloodborne Pathogens ☐ A&S ☐ First Responder
☐ Professional-level CPR/AED ☐ Advanced First Aid ☐ Emergency O₂ Administration ☐ PALS ☐ Wilderness First Responder

Print IT/MIT Name _____ IT/MIT TC Name _____ IT/MIT TC ID _____

Method 2: Reciprocity — Please indicate which current credentials the candidate possesses.

ASHI Instructor Certifications

☐ Bloodborne Pathogens

☐ Child & Babysitting Safety

☐ First Aid

☐ CPR/AED Community

☐ BLS

☐ First Responder

☐ Wilderness First Aid

☐ Advanced Wilderness

☐ A&S

☐ PALS

AHA Instructor Certifications

☐ BLS initially certified

☐ before 01 June 2006

☐ after 01 June 2006

☐ Heartsaver

☐ A&S

☐ PALS

Other Certifications or Experience

☐ Other (Please provide a list of the candidate's other certifications and experience.)

ARC Instructor Certifications

☐ HIV/AIDS

☐ Lifeguard

☐ Babysitter's Training

☐ Lay Responder First Aid

and CPR/AED

NSC Instructor Certifications

☐ Basic First Aid

☐ Bloodborne and

Airborne Pathogens

☐ BLS Pro

☐ CPR/AED

☐ Pediatric First Aid, CPR, and AED

☐ Standard First Aid, CPR, and AED

Instructor Trainer Certification

☐ Instructor Trainer (Any nationally recognized organization.)

Experience ☐ MD/DO ☐ NP/PA ☐ Paramedic ☐ Nurse (RN/LPN) ☐ EMT ☐ Firefighter ☐ Police Officer

☐ Other (Please attach a list of candidate's other certifications and experience.)

Payment Method ☐ Check ☐ Money Order ☐ Credit Card (For credit card, please complete information below or call Client Services, 800-800-7099.)

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

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 form 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 _____



6.5. Instructor Change of Status Form



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 — \$5th 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 — \$25th fee (Please check appropriate provider certification and experience boxes.)

☐ CPR & AED (Adult, Child & Infant) ☐ First Aid ☐ Bloodborne Pathogens ☐ ACLS ☐ First Responder
☐ Professional-level CPR/AED ☐ Advanced First Aid ☐ Oxygen First Aid ☐ PALS ☐ Wilderness First Responder
Experience ☐ MD/DO ☐ NP/PA ☐ Paramedic ☐ Nurse (RN/LPN) ☐ EMT ☐ Firefighter ☐ Police Officer ☐ Wilderness
☐ Other (Please attach a list of Instructor's other certifications and experience.)

☐ Upgrade to Instructor Trainer level — \$25th fee (TC must have documentation on file.)

Upgrade through ☐ Redprocty ☐ Classroom Instructor Trainer Development Course ☐ Online Instructor Trainer Development Course

Other

☐ Reauthorization — \$25th fee ☐ Replacement Instructor Card — \$5th 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