



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 (IDC) — 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 ACLS 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 <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> Child & Babysitting Safety <input type="checkbox"/> First Aid <input type="checkbox"/> CPR/AED Community <input type="checkbox"/> BLS <input type="checkbox"/> First Responder <input type="checkbox"/> Wilderness First Aid <input type="checkbox"/> Advanced Wilderness <input type="checkbox"/> ACLS <input type="checkbox"/> PALS	AHA Instructor Certifications BLS initially certified <input type="checkbox"/> before 01 June 2006 <input type="checkbox"/> after 01 June 2006 <input type="checkbox"/> Heartsaver <input type="checkbox"/> ACLS <input type="checkbox"/> PALS Other Certifications or Experience <input type="checkbox"/> Other (Please provide a list of the candidate's other certifications and experience.)	ARC Instructor Certifications <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Lifeguard <input type="checkbox"/> Babysitter's Training <input type="checkbox"/> Lay Responder First Aid and CPR/AED	NSC Instructor Certifications <input type="checkbox"/> Basic First Aid <input type="checkbox"/> Bloodborne and Airborne Pathogens <input type="checkbox"/> BLS Pro <input type="checkbox"/> CPR/AED <input type="checkbox"/> Pediatric First Aid, CPR, and AED <input type="checkbox"/> Standard First Aid, CPR, and AED
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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 _____

MEDIC FIRST AID New Instructor Authorization Instructions

Part 1 — To be completed by Instructor Candidate

This section is to be filled out completely by the Instructor Candidate and submitted to the Training Center Director. If the Instructor Candidate and the Training Center Director are the same person, he or she should complete both Part 1 and Part 2.

Personal Information

Please complete this section fully.

Opt-in Email

MEDIC FIRST AID provides numerous promotions, advertisements, and newsletters via email. You have the choice to receive these notifications to keep you updated with recent offerings. MEDIC FIRST AID reserves the right to contact you via email regarding updates, renewals, and administrative issues. MEDIC FIRST AID is committed to keeping your e-mail address confidential. We do not give, sell, rent, or lease information to third parties.

Suspension/Revocation/Felony conviction

- Please check the appropriate box.
- If you answer “yes,” you must submit a detailed memo explaining the circumstances. MEDIC FIRST AID will review the information and determine your eligibility for Instructor authorization.
- Any false information provided will result in denial or revocation of your Instructor authorization.
- If the answer to this question changes during your authorization period, you must inform your Training Center Director.

Instructor 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.
- The most recent version of the TCAM may be downloaded at www.medicfirstaid.com.

Part 2 — To be completed by the Training Center Director

This section is to be filled out completely by the Training Center Director. If the Instructor Candidate and the Training Center Director are the same person, he or she should complete both Part 1 and Part 2.

Training Center affiliation

- If the Instructor Candidate is establishing a new Training Center at the same time as applying for Instructor authorization, please check the box and submit a Training Center Application. The Training Center Application can be found at www.medicfirstaid.com.
- If the Instructor Candidate is affiliating with an existing Training Center, please complete this section, so that we can affiliate the Instructor appropriately.

Method of Authorization

IDC or ITDC

If the Candidate is becoming an Instructor by having completed an Instructor Development Course or an Instructor Trainer Development Course, complete this section.

- Check the appropriate box:
 - Instructor: If the candidate is being authorized as an Instructor
 - Instructor Trainer: If the candidate is being authorized as an Instructor Trainer
- Current Provider Certification
 - Please check the appropriate boxes. The Candidate’s current certifications and experience may determine which programs he or she is authorized to teach.

Reciprocity

- If the Candidate is becoming an Instructor via reciprocity, please check the appropriate boxes. His or her current certifications and experience will determine which programs he or she is authorized to teach.
- The Training Center Director must make copies of the Instructor Candidate's current certifications for the Training Center file.

Experience

Please check the appropriate box(es). This section has implications for reciprocal Instructor authorization, for IDC, and for Instructor upgrades.

Payment Information

There is a \$25 biennial fee (due every two years) for each Instructor. Please attach this fee by one of the methods listed.

Mailing Instructions

Please indicate whether you wish the Instructor letter and card to be mailed to the Training Center or directly to the Instructor.

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 the Training Center file and submit the original with the \$25 fee to MEDIC FIRST AID for processing.
- Make a copy of all current certifications and other documentation supplied by the Instructor Candidate 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
1450 Westec Drive
Eugene, OR 97402

Please allow 4 to 6 weeks for processing.

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