



# American Safety & Health Institute

## TC: NYSTEP0

Please print or type all information legibly and clearly.

**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 \_\_\_\_\_ Telephone \_\_\_\_\_

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 American Safety & Health Institute (ASHI) training classes in accordance with the most recent version of the ASHI Training Center Administrative Manual (TCAM) and understand that authorization as an ASHI Instructor may be suspended or revoked at any time by ASHI.

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) — Instructor Candidate must provide documentation of IDC completion to the Training Center Director.*

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

**Current Provider Certification of Instructor Candidate**

CPR & AED (Adult, Child & Infant)  First Aid  Bloodborne Pathogens  ACLS  First Responder  
 Professional-level CPR/AED  Advanced First Aid  Emergency O. Administration  PALS  Wilderness First Responder

Print IT/MIT Name \_\_\_\_\_ IT/MIT TC Name \_\_\_\_\_ IT/MIT TC ID \_\_\_\_\_

*Method 2: Recognition — Please indicate which current credentials the Candidate possesses.*

<p><b>MEDIC FIRST AID</b> Instructor Certifications</p> <p><input type="checkbox"/> Advanced First Aid &amp; CPR/AED  <input type="checkbox"/> Universal CPR// ED &amp; First Aid  <input type="checkbox"/> Adult CPR/AED &amp; First Aid  <input type="checkbox"/> Universal CPR/AED  <input type="checkbox"/> First Aid  <input type="checkbox"/> Bloodborne Pathogens</p>	<p><b>AHA</b> Instructor Certifications</p> <p><input type="checkbox"/> BLS initially certified  <input type="checkbox"/> <i>before</i> 01 June 2006  <input type="checkbox"/> <i>after</i> 01 June 2006  <input type="checkbox"/> Heartsaver  <input type="checkbox"/> ACLS  <input type="checkbox"/> PALS</p>	<p><b>ARC</b> Instructor Certifications</p> <p><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</p>	<p><b>NSC</b> Instructor Certifications</p> <p><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</p>
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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  Wilderness  
 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.)

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 \_\_\_\_\_

# ASHI 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.

### *Suspension/Revocation/Felony conviction*

- Please check the appropriate box.
- If you answer "yes," you must submit a detailed memo explaining the circumstances. ASHI 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 ASHI.
- The most recent version of the TCAM may be downloaded at [www.ashinstitute.org/quality.htm](http://www.ashinstitute.org/quality.htm).

## 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.ashinstitute.org/new\\_trainingcenter.htm](http://www.ashinstitute.org/new_trainingcenter.htm).
- 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**

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

- **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 ASHI.

### *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<sup>00</sup> fee to ASHI 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 ASHI.** In the event of an audit, you will be required to present these copies.

**THIS APPLICATION MAY BE MAILED OR FAXED TO:**

**Northeast American Safety Network, LLC**

**PO Box 67**

**Poquonock, CT 06064**

**877-233-2779**

**Fax 860-298-0686**

**[Christine@neasn.com](mailto:Christine@neasn.com) [www.neasn.com](http://www.neasn.com)**