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Training Center Application Process

The training center director must submit a completed Training Center Application along with a completed Membership Information Form to add instructors to your training center.

The training center director must also assign one instructor to act as the lead instructor. This person may be the director of the training center. The lead instructor must complete a Membership Application and provide appropriate credentials. Information regarding proper credentials can be found in the Training Center Administrative Manual (TCAM). If credentials are not immediately available, the lead instructor application will be processed and you will have 60 days to submit his or her credentials.

The lead instructor shall be responsible for assuring that appropriate documentation is maintained for all other instructors in the event of a random audit or in response to a complaint.

To add additional instructors, please follow the directions below when completing the Membership Information Form:

1. Have that individual complete a Membership Application (available on www.ashinstitute.org) and check the application to make sure it is complete.
2. Fill in the boxes on the attached Membership Information Form using the information from the Membership Application.
3. Send only the attached, completed Membership Information Form to ASHI with method of payment for the \$15.00 application fee.
4. Keep the other instructor's Membership Applications and appropriate credentials on file at the training center.

This form **DOES NOT** take the place of the Membership Application, this is merely a compilation of information from that document. You, as the Training Center Director, are required to obtain and keep on file a fully completed Membership Application and credentials for each instructor. Below is an item-by-item explanation so there is a full understanding of what information is needed. Please note that for the duration of the applicant's tenure, you must maintain their credentials on file. These credentials must support the level of authorization indicated for the applicant. A list of acceptable credentials can be found on page 8 of the Training Center Administrative Manual (TCAM). Other forms of credentials may be reviewed on a case-by-case basis. Please call 1 (845) 256-1222 if you have any questions regarding acceptability or specifics.

The following are instruction for completing the Instructor/IT Membership Information form:

Training Center Information

TC Director Name: The Name of the director of the Training Center

Organization Name: The actual name of the Training Center and TCID

Business Address: The mailing address of the training center
City, State and ZIP: This information should correlate to the above listed address
Telephone Number: Telephone number of the Training Center (Please include area code)
Fax Number: Telephone number where you can receive faxes (Please include area code)
Email Address: The email address of the Training Center Director

ASHI Training Center Co-Affiliation Information

ASHI Training Center Co-Affiliation Name: If the applicant wishes to co-affiliate with another ASHI Training Center, please list the name and TCID of the other center

Address of Co-Affiliation Center: Please be sure to list a complete mailing address to include a proper city, state and zip code

Level of Authorization: This is the level of the TRAINING CENTER. It is one of the following, basic, advanced, basic + first responder or basic + wilderness (See page 8 of the Training Center Administrative Manual for details)

Instructor/Member Contact Information

First Name: The first name of the applicant

Last Name: The surname of the applicant

Email address: The email address of the applicant

Telephone Number: The telephone number of the applicant, not the training center. Please be sure to include the area code

Application Date: The date the application was submitted and check the box if it is a reauthorization

Authorization Level: The level at which the applicant is authorized to instruct students. This level must be either basic, advanced, basic + first responder, basic + wilderness

List Credentials: Describe any credentials the applicant currently holds. The payment method must be checked in order for the information to be processed and an instructor card to be mailed.

You may submit the document to ASHI in one of 3 ways.

Fax it to: 845-256-5412

Mail it to: ASHI

Northeast American Safety Network

P O Box 1128

New Paltz NY 12561

Email it to: info@neasn.org