



TRAINING CENTER Application

Private, public, or non-profit companies, government agencies, or organizations of any size may apply for ASHI Training Center approval. Eligibility is determined by review of this application. Once approved, Basic Training Centers may offer basic level health and safety programs. Advanced Training Centers may offer basic and advanced level health and safety programs. There are no processing, application, or renewal fees to operate as an ASHI Training Center. Fees charged by the Training Center for participation in ASHI programs are at the discretion of the Training Center Director.

Active Training Centers must have at least one affiliated currently authorized ASHI Instructor in good standing. Please submit the Member Information form to sign up Instructors.

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY AND LEGIBLY. Thank you!

1) **Application For Training Center Type:** Basic (BTC) Advanced (ATC) ACLS/PALS

2) **Training Center Director:** The Director is the business owner, an executive officer, or other responsible individual associated with the organization who will manage this Training Center. Only a person authorized to obligate themselves and their organization to the terms of this agreement should sign this application.

Today's Date: _____

Director Name: _____

Director Title: _____

Email Address: _____

ASHI Training Center Name: _____

ASHI Training Center BILLING Address: _____

City/ST/ZIP: _____

ASHI Training Center SHIPPING Address: _____

City/ST/ZIP: _____

Area Code & Telephone: _____

Fax: _____

Website URL: _____

3) **Business Structure:**

Sole Proprietorship Partnership For-profit Corporation Non-profit Corporation

Limited Liability Company Professional Association Government (municipal/state/federal)

Other (please describe): _____

4) **Role as the Training Center Director:**

Full-time Part-time Paid Volunteer Other: _____

5) **Do you currently offer student-level courses in first aid, CPR or other safety & health topics through another nationally recognized organization?**

Yes No

If yes, approximately how many students does your Training Center certify per year? _____

6) Who is the Intended Audience for ASHI Programs (Check all that apply)

- In-Hospital Health Care Professionals Out-Of-Hospital EMS Professionals Public Safety Professionals
 Community and Workplace Lay Rescuers Wilderness Trip Leaders and Guides
 Other: _____

7) Have you ever had a license or certification suspended, revoked, cancelled, or denied in any state or country?

- Yes No

(*If yes, you must attach a memo to this application stating the reason)

8) Do you want your Training Center to appear in ASHI's online, worldwide [Training Center Directory](#)?

- Yes No

9) How did you hear about ASHI?

- Colleague/Friend Newspaper, Radio, TV Tradeshow ASHI Representative Internet Trade Journal/ Publication: _____

10) Are you interested in becoming an ASHI Training Partner? (Information on ASHI's ATP program can be found on our website at www.ashinstitute.org. Yes No

11) Training Center Agreement

Effective on the date of application, I understand and agree for myself and all other persons acting on my behalf or on behalf of my ASHI Training Center;

- a) That approval as an ASHI Training Center and authorization as an ASHI Instructor or Instructor Trainer is a privilege, not a right, and may be revoked.
b) To teach all ASHI programs in accordance with the most recent version of the ASHI *Training Center Administrative Manual Standards and Guidelines for Quality Assurance* (TCAM) hereby incorporated by reference. The most recent version of the TCAM can be found on the Quality Assurance page of the ASHI website.

12) Signature of Applicant: _____

NOTE: All Advanced Training Centers must have \$1,000,000.00 in liability insurance. All Advanced Training Centers (and Basic Training Centers offering ASHI First Responder programs) must have physician-level oversight. For more information, please see section 2 (Training Centers) of the TCAM. The signature of the Training Center Director establishes evidence of agreement and compliance with this requirement.

THIS APPLICATION MAY BE MAILED OR FAXED TO:
American Safety & Health Institute
4670 Richmond Rd., Suite 300, Warrensville Heights, OH 44128
800-246-5101
Fax 216-223-0047