



Please print or type all information legibly and clearly.

Training Center (TC) Information

Training Center Name _____

Training Center **BILLING** Address _____

City _____ State _____ Zip _____

Training Center **SHIPPING** Address (if different) _____

City _____ State _____ Zip _____

TC Phone _____ TC Fax _____ Website URL _____

Business Structure: Do you offer classes to the public for a fee?

- Yes (Entrepreneurial)
 No Please indicate your business structure: Corporate Government/Non-profit Healthcare/EMS

Do you have tax-exempt status? Yes (Please attach documentation.) No

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

- No
 Yes (Please indicate which organization(s)) AHA ARC NSC MEDIC FIRST AID (Please provide TC ID.) _____
 Other _____

Do you have physician-level oversight? (Required for Training Centers offering advanced programs)

- No
 Yes Physician Name _____ Physician Telephone _____

Do you have \$1,000,000.00 in professional liability insurance? (Required for Training Centers offering advanced programs)

- Yes (Please attach copy of certificate of liability insurance.) No

Do you want your Training Center to appear in our worldwide online Training Center Directory?

(Entrepreneurial Training Centers only)

- Yes No

Employees/Instructors Authorized to Place Orders _____

Training Center Director Information

The Director is the business owner, executive officer, or other responsible individual associated with the organization who will manage this Training Center. Only a person authorized to oblige the organization to the terms of this agreement should sign this application.

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

Email _____ Telephone _____

Have you ever had a license or certification suspended, revoked or denied, or been convicted of a felony in any state?

- No Yes (If yes, you may still be eligible to direct a Training Center, but you must attach a detailed explanation.)

Training Center Agreement

I understand and agree for myself and all other persons acting on my behalf or on behalf of my Training Center that approval as an ASHI Training Center is a privilege, not a right, and may be revoked. My Training Center will provide programs in accordance with the most recent version of the Training Center Administrative Manual (TCAM) hereby incorporated by reference. I will inform ASHI immediately of any changes to information on this form, or on the application forms of all affiliated Instructors.

TC Director Name (Please print) _____

Signature _____ Date _____

Active Training Centers must have at least one affiliated currently authorized ASHI Instructor in good standing. Please submit the Instructor Application form to register Instructors. This form is available at www.ashinstitute.org/new_trainingcenter.htm.

ASHI Training Center Application Instructions

Training Center Information

This section is to be filled out completely by the Training Center Director and submitted to ASHI.

Training Center Information

Please complete this section fully.

Business Structure

Please select the appropriate segment for your Training Center.

Entrepreneurial

- Select this segment if your Training Center sells certification classes to the public. If you charge tuition or course fees to any student, you must select this segment.

Corporate

- Select this segment if your Training Center is a for-profit business that provides certification to its internal employees only.

Government/Non-profit

- Select this segment if your Training Center is a municipal, county, state, or federal governmental agency.
- Select this segment if your Training Center has not-for-profit status.

Healthcare

- Select this segment if your Training Center is a healthcare organization that trains only its own staff (physicians, nurses, nurse's aides, EMS personnel, etc.).

Tax-Exempt Status

Please indicate whether your Training Center has tax-exempt status, and if so, please submit corroborating documentation.

Other nationally recognized organizations

Please indicate whether your Training Center currently provides certification for other organizations.

AHA — American Heart Association; **ARC** — American Red Cross; **NSC** — National Safety Council

MEDIC FIRST AID — If your Training Center also operates as a MEDIC FIRST AID Training Center, please provide your Training Center ID. This information will be used for identification purposes only.

Physician-level oversight

This is required for Training Centers wishing to offer *First Responder*, *Wilderness First Responder*, *Wilderness EMT Upgrade*, *ACLS* (Advanced Cardiac Life Support), or *PALS* (Pediatric Advanced Life Support) courses.

Professional Liability Insurance

At least this level of liability insurance is required for Training Centers wishing to offer *ACLS* or *PALS* courses.

If you do not have professional liability insurance and wish to purchase it, you may apply at www.ashi.lockton-ins.com or call 1-888-958-7786.

Training Center Directory

Entrepreneurial Training Centers have the opportunity to be listed on our website so that members of the public looking for certification courses can find you.

- Please check "yes" if you would like the public to be referred to you when they are looking for an ASHI course.
- Please check "no" if you would prefer us not to refer members of the public to you.

Training Centers in the other segments do not have this option.

Employees/Instructors Authorized to Place Orders

Please indicate who may place orders with Client Services for your Training Center.

Training Center Director Information

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 Training Center authorization.
- Any false information provided will result in denial or revocation of your Training Center authorization.
- If the answer to this question changes during your authorization period, you must inform ASHI.

Training Center 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/qa/tcam.asp.

What to do with the form:

THIS APPLICATION MAY BE MAILED OR FAXED TO:

Northeast American Safety Network, LLC

PO Box 67

Poquonock, CT 06064

877-233-2779

