

Instructor Registration Form

EMS Safety Services, Inc.

1046 Calle Recodo Ste. K – San Clemente, CA 92673 Phone: 800-215-9555 Fax: 949-388-2776



Contact Information:

Name:		
First:	Middle:	Last:
Company:		
Billing Address:		
City:	State:	Zip:
Shipping Address: <i>(cannot ship to a P.O. Box)</i> <input type="checkbox"/> Residential Shipping Address <input type="checkbox"/> Commercial Shipping Address		
City:	State:	Zip:
Phone:	Ext.:	Fax:
Additional Phone:		
Email:		
Website:		

How did you hear about EMS Safety:

<input type="checkbox"/> EMS Safety Website	<input type="checkbox"/> Provider Course	
<input type="checkbox"/> Web Search	<input type="checkbox"/> Friend	<input type="checkbox"/> EMS Safety Instructor _____
<input type="checkbox"/> Trade Show	<input type="checkbox"/> Magazine Ad	<input type="checkbox"/> Other _____

Would you like your contact information to be given out to prospective students?

<input type="checkbox"/> NO , I would not like my contact information given out to prospective students in my area.
<input type="checkbox"/> YES , I would like my name, phone number, city and state to be given out to prospective students in my area and to be listed on the 'Find An Instructor' page on www.emssafety.com . Please indicate which phone number you would like to be given out: () _____ - _____
Other Languages:

Employment Information

Employer:	Job Title:
Employer Address:	Employer Phone:

Provider and Advanced Education/Certifications - *(Please check all that apply)*

Provider Certifications: <i>(Please attach copies of all provider course certifications)</i>	<input type="checkbox"/> CPR	Exp ___/___	<input type="checkbox"/> AED	Exp ___/___
	<input type="checkbox"/> First Aid	Exp ___/___	<input type="checkbox"/> Pro Rescuer	Exp ___/___
Advanced Education: <i>(Please attach copies of all advanced education certifications or licenses)</i>	<input type="checkbox"/> EMT	Exp ___/___	<input type="checkbox"/> RN or LVN	Exp ___/___
	<input type="checkbox"/> Paramedic	Exp ___/___	<input type="checkbox"/> MD	Exp ___/___
			<input type="checkbox"/> Other	

Course Selection and Related Information – *(If applicable)*

Preferred Instructor certification course Location:	Scheduled Course Dates: Day 1: ___/___/___ Day 2: ___/___/___
Instructor Trainer or Training Center Name:	
Special requests or comments:	

Grandfathering Instructor – (if applicable)

Which organization(s) are you currently an Instructor with: AHA MFA ASHI
 ARC NSC Other _____

Which program(s) are you currently teaching?
(Please attach copies of all Instructor certifications) CPR First Aid BBP
 AED Healthcare Provider Other _____

Instructor Trainer – (if applicable)

Grandfather Instructor Trainer
What organization(s) are you currently an Instructor Trainer with:
(Please attach copies of Instructor Trainer certifications) AHA MFA ASHI
 ARC NSC Other _____

Self-Study Instructor Trainer
Requirements: Have taught 10 classes or 50 students with the EMS Safety program; Purchase Instructor Trainer Kit and complete the Self-Study guide and test.

List other qualifications you have to become an Instructor Trainer with EMS Safety:

Required Information for shipping orders without Pre-Payment

Driver's License # _____ State of Issuance: _____ SSN#: _____ - _____ - _____

CREDIT LIMITS
Individual Instructors who have completed the registration form in full have an initial \$200 credit limit and payment is due upon receipt of the order. A credit application is available on request and required for orders over \$200.
Payment terms or credit limit may be changed without notice at the discretion of EMS Safety Services. Please refer to our shipping/purchasing policy.

Signature Required for Processing

Signature attests financial responsibility, ability and willingness to abide by our Contract.
I certify that the above information is true and correct.

Print Name: _____

Signature: _____ Date: ____/____/____

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