



Please print or type.

Training Center (TC) Information

TC Name \_\_\_\_\_

BILLING Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SHIPPING Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ 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 ASHI (Please provide TC ID) Other

Do you want your Training Center to appear in our 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 \_\_\_\_\_ Phone \_\_\_\_\_

MEDIC FIRST AID may send me promotions, advertisements, and newsletters by email.

- Yes No

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 a MEDIC FIRST AID 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 MEDIC FIRST AID Training Center Administrative Manual (TCAM) hereby incorporated by reference. I will inform MEDIC FIRST AID 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 MEDIC FIRST AID Instructor in good standing. Please submit the Instructor Application form to register Instructors. This form is available at medicfirstaid.com.

# MEDIC FIRST AID Training Center Application Instructions

## Training Center Information

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

### *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, or charges tuition or course fees to any student.

#### **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

### *ASHI Training Center*

Please indicate whether your Training Center also operates as an ASHI Training Center. Your Training Center ID number will be used for identification purposes only.

### *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" to be listed on the Directory.
- Please check "no" to be excluded from the Directory.

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.

### *Opt-in Email*

MEDIC FIRST AID will communicate promotions, advertisements, and newsletters via email. You have a choice to receive these notifications. MEDIC FIRST AID does reserve the right to contact you via email regarding updates, renewals, and administrative issues. MEDIC FIRST AID is committed to keeping your e-mail address confidential. We do not give, sell, rent, or lease information to third parties.

### *Suspension/Revocation/Felony conviction*

- Please check the appropriate box.
- If you answer "yes," you must submit a detailed memo explaining the circumstances. MEDIC FIRST AID 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 MEDIC FIRST AID.

## 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 MEDIC FIRST AID.

The most recent version of the TCAM may be downloaded at [www.medicfirstaid.com](http://www.medicfirstaid.com)

### *What to do with the form:*

- Submit this completed and signed form along with all appropriate documents to MEDIC FIRST AID by one of the following methods:

Email: [applications@medicfirstaid.com](mailto:applications@medicfirstaid.com)

FAX: 541-610-1563

Mail: MEDIC FIRST AID  
1450 Westec Drive  
Eugene, OR 97402

Before becoming authorized to provide certification for any MEDIC FIRST AID program, the Training Center must purchase the Instructor materials for that program and have at least one affiliated Instructor.

When the application process is complete, MEDIC FIRST AID will send a Training Center Certificate and welcome package to the Training Center Director.

**NOTE: This application may also be completed online at [www.medicfirstaid.com](http://www.medicfirstaid.com). Online applications will be processed within 1-2 weeks.**