

American Safety & Health Institute

# *Training Center Application & Membership Agreement*

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A not-for-profit  
association of  
professional safety and  
health educators

4148 Louis Avenue, Holiday, FL 34691  
Phone 800.682.5067 • Fax 727.943.7460  
[www.ashinstitute.org](http://www.ashinstitute.org)

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## **Mission**

ASHI is a not-for-profit association of professional educators providing nationally recognized training programs across the United States and in several foreign countries. ASHI's mission is to continually improve safety and health education by promoting high standards for members, principals of sound research for curriculum development and the professional development of safety and health instructors worldwide.

## **Membership Benefits**

- Instructor or Instructor Trainer Authorization
- Access to ASHI's password protected Instructor's Area, <http://www.ashinstitute.org/Instructor.asp>, download library and Program Advisory Committees
- Free Online Subscription to *Training Links*, the quarterly ASHI Membership Newsletter
- Free Online Subscription to *ASHI Updates* your source for breaking news and training related opportunities.
- E-mentoring and networking opportunities with other ASHI members via the ASHI Instructor Network - a private electronic forum
- Membership rates on professional liability insurance
- Online Career Center with Job Opportunities
- Online Local and National Merchant Partner Products and Service Discounts and other Promotions
- A chance to become involved in ASHI program development and to collaborate as a peer-reviewer
- Representation of your interests in public health & safety policy and regulatory issues
- Opt-in listing on ASHI's online Training Center Directory – a leading resource for individuals and organizations searching for health & safety training courses
- Full Color promotional pamphlets at cost
- Leadership opportunities
- Professional, personal and social support through networking

## **Membership**

ASHI has a several levels of membership. Most common is Authorization as a Basic or Advanced Instructor or Instructor Trainer. Authorization is subject to attendance and successful completion of an ASHI Instructor Development Course, reciprocity or apprenticeship. ASHI authorized Instructors offer programs through affiliation with a Basic or Advanced Training Center – the next most prevalent form of membership.

**NOTE:** This application package contains TWO applications, one TRAINING CENTER APPLICATION and one MEMBERSHIP APPLICATION for authorization as an Instructor or Instructor Trainer. The APPLICATIONS and the supporting documentation they call for are the ONLY documents ASHI needs for processing. If you wish to complete the application in Microsoft® Word®, open the document in Word and double-click "OVR" on the status bar at the bottom of the page. This will allow you type over blank lines. Double clicking checkboxes will open a dialogue box. To place an "X" in the box, change the "default value" to "checked".

## **Training Center Type**

ASHI offers both Basic and Advanced Training Centers. Once approved, Basic Training Centers with ASHI Authorized Instructors or Instructor Trainers may offer basic level health and safety programs, for example; *Basic First Aid for the Community and Workplace*™. Advanced Training Centers may offer BOTH basic and advanced level health and safety programs, for example; *ASHI CPRPro for the Professional Rescuer*™ and *ASHI Advanced Cardiac Life Support (ACLS)*™.

## **Training Center Size**

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 the application.

## **Training Center Fee**

There are no processing, application, or renewal fees to operate as an ASHI Training Center (TC). Fees charged by for participation in ASHI programs are at the discretion of the Training Center Director.

## Training Center Director

This application requires a person responsible for managing the Training Center (ASHI calls this person the Training Center Director) to obligate themselves and their organization to ASHI's Standards and Guidelines for Quality Assurance as described in the *Training Center Administrative Manual (TCAM)*. Typically, the Training Center Director is the business owner, an Executive Officer, or other responsible individual associated with the organization. ASHI's quality assurance requirements are intended to create a framework of "ethical, operational, and instructional excellence", resulting in a high-quality learning experience for students who participate in ASHI programs. As a result, *only a person authorized to obligate themselves and their organization to the terms of this agreement should complete the Training Center application.*

## Membership Application

Membership requires authorization as an Instructor or Instructor Trainer, which is subject to attendance and successful completion of an ASHI Instructor Development Course (IDC). Reciprocity may also be granted to qualified persons (See Authorization Requirements below). The Membership Application requires an individual to agree to conduct themselves and their training programs in accordance with ASHI's Standards and Guidelines for Quality Assurance as described in the TCAM.

**Note:** Only members authorized by ASHI and affiliated with an ASHI approved Training Center can certify students. Unaffiliated members may not purchase certification cards.

## Membership Fee

Membership as a Basic or Advanced Instructor or Instructor Trainer is \$15.00 (US). Membership fees must be paid initially and upon reauthorization every three (3) years.

## Membership Levels

### Basic

As a Basic Instructor you may qualify to teach basic programs and certify participants at the Student (provider) level. As a Basic Instructor Trainer, you may qualify to teach basic programs and certify participants at the Instructor level

- Basic ASHI Programs
  1. Basic First Aid for the Community and Workplace
  2. Essentials in Basic Emergency Care
  3. CPR for Community and Workplace
  4. Child and Babysitting Safety (CABS)
  5. Pet First Aid
  6. Bloodborne Pathogens
  7. CPR Pro for the Professional Rescuer
  8. Automated External Defibrillation
  9. Emergency Oxygen Administration
  10. Hazard Communication
  11. Forklift Safety Training
  12. Wilderness First Aid

### Basic Plus

As a Basic *Plus* Instructor you may qualify to teach Basic *Plus* programs and certify participants at the Student (provider) level.

- Basic *Plus* ASHI Programs
  1. Emergency Responder
  2. First Responder
  3. Wilderness First Responder
  4. Wilderness EMT Upgrade

## Advanced

As an Advanced Instructor you may qualify to teach BOTH basic and advanced level health and safety programs and certify participants at the Student (provider) level. As an Advanced Instructor Trainer, you may qualify to teach BOTH basic and advanced programs and certify participants at the Instructor level

- Advanced ASHI Programs
  1. Advanced Cardiac Life Support (ACLS)
  2. Pediatric Advanced Life Support (PALS)

## **General Authorization Requirements**

Authorization as an Instructor or Instructor Trainer is subject to attendance and successful completion of an ASHI Instructor Development Course (IDC), reciprocity or apprenticeship. For information on currently offered IDCs, visit our website at <http://www.ashinstitute.org/InstructorDevelopmentCourses.asp>. For information on apprenticeship, see the most recent version of the ASHI *Training Center Administrative Manual Standards and Guidelines for Quality Assurance* at <http://www.ashinstitute.org/PublicEducation.asp>. For reciprocity requirements, see below.

## **Authorization Requirements via Reciprocity**

### Basic Instructor or Instructor Trainer Authorization

ASHI accepts current and valid instructor and instructor-trainer credentialing from the American Heart Association®, Inc., (AHA), American Red Cross (ARC), and National Safety Council (NSC) for reciprocity. Reciprocity will also be granted for individuals who can demonstrate successful completion of a 40 hour instructor training program that meets or exceeds the United States Department of Transportation EMS instructor curriculum or successful completion of a course on educational methodology from an accredited organization or institution. Other credentials will be reviewed on a case-by case basis to assure adult education and clinical competency consistent with the ASHI Program the applicant desires to teach.

### Basic Plus Instructor Authorization

First Responder\*: The First Responder Instructor *must have out-of-hospital EMS knowledge and experience* AND be medically licensed or certified (minimum EMT-B, or as required by state EMS office) AND be a current professional level CPR/AED instructor. Documentation of medical and instructional competence may be submitted as equivalent, subject to acceptance by ASHI.

Wilderness Emergency Care (WEC): The WEC Program supports three levels of wilderness-oriented courses. Each level has slightly different qualifications.

#### Level 1

- Basic Wilderness First Aid: An intensive 8- to 10-hour course for those who are involved in wilderness recreation.
- Wilderness First Aid: A 16- to 20-hour course for those who are involved in serious wilderness activities.
  - *Qualification*: Persons who meet the Basic Instructor or Instructor Trainer Authorization qualifications through Reciprocity AND who are currently certified at the Wilderness First Aid provider level AND can provide documentary evidence of wilderness experience, recreationally or professionally (SAR, strong backcountry resume, etc.)

#### Level 2

- Wilderness First Responder: A 60- to 80-hour course for wilderness professionals and others who want a higher level of training or require WFR certification.
  - *Qualification*: Persons who meet the Basic Instructor or Instructor Trainer Authorization qualifications AND/OR are authorized by ASHI or a state EMS authority to teach First Responder courses AND can provide documentary evidence of wilderness experience (recreationally or professionally).

#### Level 3

- Wilderness EMT Upgrade is a 40-hour course for those who are already certified as urban EMTs.

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\* As defined by the First Responder National Standard Curriculum, 1995, National Highway Traffic Safety Admin., U.S. Dept. of Transportation.

*Qualification:* Persons who meet the Basic Instructor or Instructor Trainer Authorization qualifications AND/OR are authorized by a state EMS authority to teach EMT or equivalent courses (e.g. National Ski Patrol, Outdoor Emergency Care) AND can provide documentary evidence of wilderness experience, (recreationally or professionally).

#### Advanced Instructor or Instructor Trainer Authorization

ASHI recognizes the validity of appropriately earned ACLS and PALS instructor certification cards issued by authorized instructors of the American Heart Association®, Inc (AHA). Reciprocity will also be granted for individuals who can demonstrate successful completion of a 40 hour instructor training program that meets or exceeds the United States Department of Transportation EMS instructor curriculum or successful completion of a course on educational methodology from an accredited organization. Other credentials will be reviewed on a case-by case basis to assure adult education and clinical competency consistent with Advanced ASHI Program the applicant desires to teach.

An ACLS or PALS Instructor or Instructor Trainer must also be medically licensed or certified (minimum NREMT-P/EMT-P). Documentation of medical and instructional competence may be submitted as equivalent, subject to acceptance by ASHI.

**NOTE:** Each Instructor or Instructor Trainer who receives authorization via reciprocity must certify by his or her signature that any credential(s) submitted for reciprocity was a properly earned, legitimate qualification. Evidence of falsification of any data on the application will result in termination of membership and revocation of the permit to teach ASHI programs, and may result in criminal and/or civil legal actions

#### **Professional Liability Insurance**

ASHI strongly recommends (but does not require) its Basic Training Centers and their Authorized Instructors or Instructor Trainers to possess professional liability insurance. Advanced Training Centers and their ACLS and PALS Instructors are required to possess professional liability insurance. Evidence of coverage is required to process an Advanced level Training Center Application.

The ASHI Insurance Program provides an affordable professional liability policy providing substantial protection. This program is underwritten by Lloyd's of London, the world's leading insurance market. Discounted group policies are available for Training Centers with three or more individuals. You may purchase insurance coverage from any licensed provider, but the ASHI Insurance Program is specifically designed to protect safety and health educators. For more information, visit the ASHI Insurance Center at <http://ashi.lockton-ins.com/pl>

#### **Physician-Level Oversight**

All ATCs (and BTCs offering ASHI First Responder programs) *must* have physician-level oversight. When the Training Center Director or Coordinator is not a physician, the TC is required to establish and maintain a professional, working relationship with a currently licensed physician (MD/DO). The physician must possess the skill and expertise to provide medical oversight for adult and pediatric treatment protocols. The signature of the Training Center applicant establishes evidence of agreement and compliance with the requirement for physician-level oversight.

#### **ASHI Training Programs & Teaching Materials**

The National Instructors Resource Center, Inc. (NIRC) has a license to use the name American Safety and Health Institute, the acronym ASHI, and the ASHI logo in order to publish, promote and sell training programs and teaching materials that are reviewed by ASHI Program Advisory Committees and approved by the Board of Directors. NIRC also presently supports ASHI with administrative space and other limited services under a separate agreement.

In order to offer ASHI programs for certification, an approved Training Center must purchase at least one teaching package. Packages generally include the following elements; ASHI Approved Audiovisual component (PowerPoint®/CD/DVD/VHS), Instructor Guide or Toolkit, Student Handbooks or textbooks, and Certification Cards. Teaching packages and other training materials are available for purchase through NIRC and its Distributing Partners. You may download a NIRC catalogue at [www.nirc.biz](http://www.nirc.biz). NIRC cannot accept payments for ASHI Membership. All checks

and purchase orders for Instructor or Instructor Trainer Authorization and Reauthorization must be made out to the American Safety & Health Institute. Payment is due at time of application.

**NOTE:** As part of its obligation to ASHI, NIRC (or its Distributing Partners) must verify current ASHI membership and Training Center affiliation prior to allowing the purchase of certification cards.

If you have questions about ASHI teaching packages or other products, or would like to order, please speak with your NIRC representative at **1-800-246-5101** during normal business hours (EST).

### **Application Process**

Each application for Training Center Approval and Instructor or Instructor Trainer Authorization is carefully and individually reviewed. The application review period is no longer than 30 BUSINESS days. If there is an error in this application, we will work with you to repair it. The person accepting responsibility as the Training Center Director will be notified as to the approval or rejection of the application. Accepted applications will receive a Training Center Wall Certificate and Instructor or Instructor Trainer Authorization/Membership Card(s).

If you have any questions regarding the application process, please call **ASHI** at **1-800-682-5067** during normal business hours (EST), or send an email to [info@ashinstitute.org](mailto:info@ashinstitute.org). When you have completed this application, please mail or fax it to ASHI at 727-943-7460. Please take care to include all necessary supporting documentation, signatures and any additional correspondence. If mailing, send the application package to: American Safety & Health Institute, 4148 Louis Avenue Holiday, Florida USA 34691

**Thank you for taking your time to apply. We sincerely appreciate your effort and look forward to working with you to advance the well-being of organizations and individuals worldwide.**



# 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. ASHI offers both Basic and Advanced Training Centers. Once approved, Basic Training Centers with ASHI Authorized Instructors or Instructor Trainers 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 for participation in ASHI programs are at the discretion of the Training Center Director. **PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY AND LEGIBLY.** Thank you!

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

2) **Please Check Box That Indicates Your ASHI Training Center Affiliation:**

- Unaffiliated. Establishing New Training Center (skip to 4).
- Current ASHI Member Transferring from Existing Training Center.

3) **If Transferring; Existing Training Center / Customer ID#:** \_\_\_\_\_

Do you wish to remain co-affiliated with this training center?  Yes  No

4) **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: \_\_\_\_\_

Organization Name: \_\_\_\_\_

ASHI Training Center Name: \_\_\_\_\_

ASHI Training Center Business Address: \_\_\_\_\_

City/ST/ZIP: \_\_\_\_\_

Area Code & Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website URL: \_\_\_\_\_

5) **Business Structure:**

- Sole Proprietorship  Partnership  For-profit Corporation  Non-profit Corporation
- Limited Liability Company  Professional Association  Government (municipal/state/federal)
- Other (please describe): \_\_\_\_\_

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

- Full-time  Part-time  Paid  Volunteer  Other: \_\_\_\_\_

7) **Accomplishments of the Applicant (Check all that apply):**

- MD/DO  PhD/EdD  NP/MA/MS/MEd  BA/BS/BSN  RN  PA  RT  LPN  AA/AS/AAS  
 NREMT-P/EMT-P  NREMT-B/EMT-B  CNA  Wilderness First Aid  Wilderness First Responder  
 State Certified Teacher  Wilderness Education Instructor  EMS Instructor  Firefighter  Fire Officer  
 Fire Service Instructor  Law Enforcement Officer  Law Enforcement Instructor  
 ARC Instructor or Instructor Trainer  NSC Instructor or Instructor Trainer  
 AHA Instructor or Instructor Trainer  Other: \_\_\_\_\_

8) **Do you currently offer student-level courses in first aid, CPR or other safety & health topics through another nationally recognized organization?** If yes, approximately how many individuals did you or your organization train last year?

PLEASE ENTER NUMBER  
HERE



9) **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: \_\_\_\_\_

10) **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 for the suspension, revocation, cancellation, or denial and the status of your medical or instructional license or certificate.)

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

- Yes  No

12) **How did you hear about ASHI?**

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

13) **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* hereby incorporated by reference. The most recent version exists at <http://www.ashinstitute.org/PublicEducation.asp>.

14) **Signature of Applicant:** \_\_\_\_\_

**NOTE:** All ATCs (and BTCs offering ASHI First Responder programs) *must* have physician-level oversight. The signature of the Training Center applicant establishes evidence of agreement and compliance with this requirement.

THIS APPLICATION MAY BE MAILED OR FAXED TO:

American Safety & Health Institute  
4148 Louis Avenue, Holiday, Fl 34691  
Fax 727.943.7460





# MEMBERSHIP Application

## INSTRUCTOR / INSTRUCTOR TRAINER

Membership requires authorization as an Instructor or Instructor Trainer, which is subject to attendance and successful completion of an ASHI Instructor Development Course (IDC). Reciprocity may also be granted to qualified persons (See Authorization Requirements below). The Membership Application requires an individual to teach according to ASHI's Standards and Guidelines for Quality Assurance as described in the Training Center Administrative Manual (TCAM). Membership as a Basic or Advanced Instructor or Instructor Trainer is \$15.00 (US) and is *nonrefundable*. Membership fees must be paid initially and upon reauthorization every three (3) years. **PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY AND LEGIBLY.** Thank you!

**Important Note:** Only members authorized by ASHI and affiliated with an ASHI approved Training Center can certify students. Unaffiliated members may not purchase certification cards

**1. Please check box that indicates your ASHI Training Center affiliation:**

- New Training Center
- Existing Training Center
- Unaffiliated Member

**2. Method of Authorization:**

- Reciprocity (requires attachment of credentials)
- IDC (requires signature of current ASHI IT)
- Apprenticeship (requires signature of current ASHI IT)
- Reauthorization

**3. Level of Instructor or Instructor Trainer Authorization:**

- Basic
- Basic *Plus* First Responder
- Basic *Plus* Wilderness Emergency Care
- Advanced (ASHI ACLS)
- Advanced (ASHI PALS)
- Advanced (ASHI ACLS & ASHI PALS)

**4. Please print or type the following information:**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

ASHI Training Center Name/ Customer ID#: \_\_\_\_\_

Training Center ( or Instructor/Member) Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

FAX: \_\_\_\_\_

**5. Qualifications for Reciprocity:** Persons who possess a current medical license or certificate and can provide evidence of current instructional competence, or persons who are currently authorized as an Instructor or Instructor Trainer with another recognized national training organization(s). For Instructor Authorization via reciprocity, please attach:

- a. Instructor or Instructor Trainer authorization with another recognized national training organization and/or your medical license or certificate and evidence of instructional competence. An ACLS or PALS Instructor or Instructor Trainer must also be medically licensed or certified (minimum NREMT-P/EMT-P).
- b. A photocopy of your valid state driver's license or state issued identification card (identity verification)

**Note:** Documents establishing reciprocity must be legible and attached or your application can not be processed.

**6. Accomplishments of Applicant (Check all that apply):**

- MD/DO  PhD/EdD  NP/MA/MS/MEd  BA/BS/BSN  RN  PA  RT  LPN  AA/AS/AAS  
 NREMT-P/EMT-P  NREMT-B/EMT-B  CNA  Wilderness First Aid  Wilderness First Responder  
 State Certified Teacher  Wilderness Education Instructor  EMS Instructor  Firefighter  Fire Officer  
 Fire Service Instructor  Law Enforcement Officer  Law Enforcement Instructor  
 ARC Instructor or Instructor Trainer  NSC Instructor or Instructor Trainer  
 AHA Instructor or Instructor Trainer  Other: \_\_\_\_\_

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

- Yes\*  No

(\*If yes, you must attach a message to this application stating in detail the reason for the suspension, revocation, cancellation, or denial and the current status of your medical or instructional license or certificate.)

**8. Instructor and Instructor Trainer Agreement**

Effective on date of application below, I understand and agree;

- i) That authorization as an ASHI Instructor or Instructor Trainer is a privilege, not a right and may be revoked.
- ii) To conduct myself and teach ASHI programs in accordance with the most recent version of the ASHI *Training Center Administrative Manual Standards and Guidelines for Quality Assurance* hereby incorporated by reference. The most recent version exists at <http://www.ashinstitute.org/PublicEducation.asp>.

**9. Signature of Applicant: : \_\_\_\_\_**

**10. IDC/APPRENTICESHIP ONLY:** As a currently authorized ASHI IT, I certify this person has completed the requirements for authorization as an ASHI Instructor under my guidance and in accordance with the most recent ASHI IDC Program Standards and *Training Center Administrative Manual Standards and Guidelines for Quality Assurance*.

**11. Print IT Name: \_\_\_\_\_ IT Signature: \_\_\_\_\_**

**12. IT Training Center Name: \_\_\_\_\_ TC ID: \_\_\_\_\_**

**13. Payment Method for Membership (Authorization Fee):** Discounts may be available for organizations requiring multiple authorizations.

- Check  Money Order  VISA®  MasterCard®  American Express®

**Credit Card Information (call with information if desired):**

Printed Name of Cardholder: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Verification Code: \_\_\_\_\_

(3 digits on back of VISA, MasterCard & Discover Card. 4 digits on front of American Express)

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

THIS APPLICATION MAY BE MAILED OR FAXED TO: American Safety & Health Institute  
4148 Louis Avenue, Holiday, FL 34691 Fax 727.943.7460