



Training U.S.A

Office: 205-345-3675

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Email: trainingusa@trainingusa.org

Application for Affiliation

Applicant Information

Full Name: _____ Date: _____

Instructor ID: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Cell Phone: _____ Home Phone: _____

Email: _____

Place of Employment: _____

Occupation: _____

Training Site: _____

Current Provider Information

*BLS Provider Expiration Date: _____ Heartsaver FA CPR AED Expiration Date: _____

ACLS Provider Expiration: _____ PALS Provider Expiration: _____

Other: _____

Instructor Certification

Instructors must be monitored 2 times by faculty and register/align with Training USA on the instructor network before being issued an instructor card.

I wish to apply for the following instructor certification:

BLS **HEARTSAVER** **ACLS** **PALS**

Signatures

Signature of Applicant: _____ Date: _____

Signature of TC Coordinator: _____ Date: _____