



**Training U.S.A**

Office: 205-345-3675

Fax: 205-345-3001

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: \_\_\_\_\_