



Change of Training Center Affiliation Form

We Make Protecting and Saving Lives Easy™

Instructor Information

Mr. Ms. Last Name _____ First Name _____ MI _____
Mailing Address _____
City _____ State _____ Zip _____
Email _____ Telephone _____

Change of Training Center Affiliation

Brand ASHI MEDIC

Please check the box next to the Training Center to which the Instructor is primarily affiliated.

Current Training Center Name _____ TC ID _____
 New Training Center Name _____ TC ID _____

To access your instructor's Digital Authorization Card in Otis go to:

Instructor>Manage Instructor from the navigation bar. Either search for your instructor by name or click View All. To the right of the instructor's name you will find the link to the Digital Instructor Authorization Card.

New Training Center Affiliation and Agreement

I have received and validated the required credentialing documentation, including Instructor or Instructor Trainer application and all associated credentials or the IDC Course Completion documentation from the Instructor applicant listed above. I agree to maintain responsibility for this Instructor and ensure that he or she has access to and complies with the most recent administrative guidelines as outlined in the TCAM. I will maintain a copy of this application and associated credentials for the length of this Instructor's affiliation with my Training Center.

New Training Center Director Name (*Please print*) _____

New Training Center Director Signature _____ Date _____

Submit a signed copy of this form to HSI by one of the following methods: (*Please allow up to 10 business days for processing*)

Email: applications@hsicom

Fax: 503-914-1424

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