

Training Center Update Form

Please print or type.

To be completed by the new Training Center Director (TCD). Items in **bold** in the table below are required fields.

Training Center ID _____ ASHI MEDIC First Aid (Please check all that apply)

TC Information	Currently Listed As:	New (Changes to be made)
TC Company Name		
TC Director		
TC Mailing Address		
City, State, Zip		
TC Billing Address*		
City, State, Zip		
TC Director Email		
TC Phone #		
Authorized Purchasers		

* If you have terms and the liable party has changed, your Training Center must submit a new Credit Application or Credit Terms and Conditions form. Please contact customer service at 800-447-3177 for more information.

Consent to Change Training Center Director (TCD) (Please check one)

The current TCD has granted permission to change the TCD
 The current TCD has **NOT** granted permission to change the TCD

If permission has **NOT** been granted, please explain: _____

TCD Agreement

I am the Training Center Director responsible for managing the Training Center. I agree to comply with the terms and conditions of Training Center Approval as described in the most current version of the Training Center Administrative Manual, Standards and Guidelines for Quality Assurance.

New TCD Name (Please Print) _____

Signature _____

Date _____

The NewTCD must submit a signed copy of this form to HSI by one of the following methods:

Email: applications@hsi.com

FAX: 206-299-3147

Mail: HSI
1450 Westec Drive
Eugene, OR 97402

Please allow 2-4 business days for updating.