



hsi instructor APPLICATION FOR AUTHORIZATION

Type of Authorization

New
Reauthorization (Registry/Instructor Number # _____)

1 Instructor Candidate Personal Information *(Personal information will be kept strictly confidential)*

Mr. Ms. Dr. Last Name _____ First Name _____ MI _____
Mailing Address _____
City _____ State/Province _____ Zip/Postal Code _____ Country _____
Email _____ Alternate Email _____
Telephone _____ Mobile _____ Fax _____

2 Qualification by Instructor Development Course (IDC) *(If applying by Reciprocity, skip to "3. Qualification by Current Teaching Credential")*

Applicant does not have current Instructor credentials, but has recently completed an HSI IDC **and** is currently certified, qualified, or licensed as indicated below (see #4).

Name of IT who conducted face-to-face portion of IDC _____
IT Registry # _____ IT TCID _____ IDC Completion Date _____

3 Qualification by Current Teaching Credential (Reciprocity) *(If applying by IDC skip to "4. Current Certifications, Qualifications and Licenses")*

Applicant has the following current and valid Instructor or Instructor Trainer credential(s).

Check all that apply (For acronym details see "Guidelines for New Instructor or Instructor Trainer Authorization" in the Training Center Administrative Manual).

Authorized Instructor Trainer*	Certified Mine Safety and Health Administration Instructor	NOLS/WMI Instructor
AAP Instructor	Certified National Traffic Safety Institute Instructor	NSC Instructor
Academic Degree in Education	Certified Scuba Diving Instructor	NSP Instructor
Academic Degree in Medicine	Certified or Licensed School Teacher	OSHA Authorized Trainer
AHA Instructor	DAN Instructor	SAI Instructor
ARC Instructor	ECSI/AAOS Instructor	SOLO Instructor
Certified Emergency Nurses Association Instructor	EFR Instructor	WMA Instructor
Certified EMS Instructor	ILTP Instructor	YMCA Instructor
Certified Fire Instructor	Military Training Instructor	Other Teaching Credential (submit credential)
Certified Law Enforcement Instructor		

* HSI does not grant reciprocity for authorization as an Instructor Trainer (IT). Authorization as an IT requires successful completion of an Online IT class. Additional fees apply.

4 Current Certifications, Qualifications and Licenses *(To be completed for all applicants)*

Applicant is currently certified, qualified, or licensed at the following level. Check all that apply.

BLS and Advanced Emergency Medical Technician	BLS, ACLS, and Physician Assistant	BLS, ACLS, and Certified Emergency Nurse
BLS and Advanced First Aid	BLS and Registered Nurse	BLS, ACLS, and Medical Doctor
BLS and Certified Athletic Trainer*	BLS and Wilderness Emergency Medical Technician	BLS, ACLS, and Paramedic
BLS and Emergency Medical Responder	BLS and Wilderness First Responder	BLS, ACLS, and Registered Nurse
BLS and Emergency Medical Technician	BLS Only	BLS, ACLS, and Respiratory Therapist
BLS and First Aid	BLS, ACLS, and Advanced Practice Registered Nurse	First Aid/CPR/AED
BLS and Licensed Practical Nurse		Adult Pediatric Both

* Bachelor/Master's degree from professional athletic training education program and pass test administered by Board of Certification

5 Applicant Agreement and Attesting Statements *(To be completed by applicant)*

Have you ever had a government license, permit, or professional certification suspended, revoked, or denied, pled no contest, or been convicted of a felony? **If yes**, please provide a detailed explanation. Such circumstances do not absolutely preclude approval but are subject to the review and decision of the HSI Quality Assurance Board.

Yes No

I agree to comply with the terms and conditions of Instructor Authorization as described in the most current version of the Training Center Administrative Manual, Standards and Guidelines For Quality Assurance.

Yes No

Please send news and promotional information via emails

Yes No

Applicant Name (Please Print) _____

Signature of Applicant _____ Date _____

6 Training Center Affiliation and Agreement *(To be completed by Training Center Director)*

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, which includes keeping this application on file.

Training Center (TC) Name _____ TCID _____

TC Director Name (Please Print) _____

Signature of Applicant _____ Date _____

7 Payment

Check or Money Order | Check # _____ P.O. _____

Credit Card (Training Center will be contacted for payment information by Registry at time of processing)

Point of Contact _____ Phone _____

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

[Organization>Instructors>Manage Instructors](#) from the navigation bar. Either search for your Instructor by name or click View All. To the right of the Instructor's name click Actions and you will find the link to the Digital Instructor Authorization Card.

Application Processing

Training Center Directors: Enter information from this form into the Online Instructor Application found in Otis.

New Instructor applicant establishing a new Training Center: Use information from this form when completing the online Training Center eApplication at hsi.com/becomeaninstructor

Authorization period and fees: Authorization Period is one year. Authorization fee when submitted via online application: \$15 plus tax where applicable. When submitted via mail, email, or fax: \$40 plus tax where applicable; contact client services at 800-447-3177 for details. Allow 7-10 business days for processing.

Important Note: Copies of this application must be kept on file for the length of the affiliation with the Training Center.