



Instructor Certification Challenge Program (ICCP)

APPLICATION FORM

Please print CLEARLY or TYPE the following information.

(to download this form or fill out on your computer before printing, go to: <http://www.cpr-class.com/ICCPapp.pdf>)

Name:		Company Name (if any):	
Address (street):		City, State, and ZIP code	
Home Phone:	Work Phone:	Cell Phone:	
Email:		Website (if any):	

Subjects you wish to Instruct (*Example: Adult, Child & Infant CPR, AED, Forklift Safety, etc.*):

Educational / Training Background

Please check or circle any of the following certifications that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> AHA Instructor | <input type="checkbox"/> ASHI/EMP/HSI Instructor | <input type="checkbox"/> EMT /Medic |
| <input type="checkbox"/> ARC Instructor | <input type="checkbox"/> Military Safety Instructor | <input type="checkbox"/> MD, PA, RN |
| <input type="checkbox"/> NSC Instructor | <input type="checkbox"/> OSHA 500/501 Instructor | <input type="checkbox"/> LVN, Educator, Other
(List Below) |

Experience (Include applicable work experience and anything else that you feel qualifies you to become an American EHS Instructor):

Other – Languages you are fluent in, other health & safety courses you are qualified to instruct:

- I am interested in Subcontracting Opportunities for extra income
- I am only interested in teaching independently

Signature _____ **Date** _____

Please attach photocopies of all certifications (current and expired – front and back if appropriate) and documents, a copy of your current photo ID, and any additional forms or resumes you wish to have considered, and return to:

American EHS / American CPR Training
www.AmericanCPR.com / www.CPR-Training-Classes.com / www.SafetyInstructor.com
Instructor Training Department
565Westlake Street, Building 100, Encinitas, CA 92024
Phone (760) 944-9755 (Fax) 760-633-1121