



# 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<br><small>(List Below)</small> |

\_\_\_\_\_

\_\_\_\_\_

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