

International Training

INSTRUCTOR TRAINER APPLICATION

prior to training.		with all supporting documentation for approval
Planned Program Dates:		_Location:
Candidate Information (Please print	t clearly.)	
Applicant Name (first, middle, last):		
Mailing Address (Line 1):		
Mailing Address (Line 2):		
		Province:
		irth:
Member Number:		
Applying As (Please Check One):		
☐ Instructor Trainer Candidate		
☐ Instructor Trainer Crossover		
fully understand and meet the course into the program must be granted by	e prerequisites for the rating I ar r First Response Training Depart	epared to enroll in the program detailed above. In applying for and I understand that acceptance ment and is not guaranteed. In addition, the glocumentation, is true and accurate to the best
Signature:		Date:
Headquarters Approval (First Re	esnonse Training Denartme	nt):
		Ilment on the Instructor Trainer Workshop.
Cianaturo	Name	Date:



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Instructor Trainer Application- Supporting Documentation Checklist

Directions: The following supporting documentation must be submitted to HQ with the IT Application:

IT/Course Director Application Checklist:	Details	Included with application
First Response Instructor certification	Copy of c-card or official agency documentation	
Details of IDC(s) staffed (Graduation Requirement), may be completed post course, prior to ratings being issued	Include dates, location, name and contact of conducting staff	
Verification of no QA issues with any agency within past 12 months	Required on official agency documentation	
Verification of all other agency Instructor ratings	Copy of c-card or official agency documentation	
Verification of number of students certified	Minimum of 10 First Response certifications issued. Minimum of 5 must be either Adult and Child Emergency Care or Child Emergency Care certifications.	

Candidate Declaration:

As indicated by my signature below, I am aware that any omissions in the required	supporting documentation	
submitted will prevent approval of my application. I am aware of the minimum materials requirements for the		
program and am in possession of current copies of all which are not included in the program cost.		
Signature:	_ Date:	