



# First Response Training International

## INSTRUCTOR CROSSOVER APPLICATION

### Directions:

1. Supply all of the information requested below. Please print clearly.
2. Read the attached **Instructor Agreement** (page 2) and sign where indicated.
3. Include all copies of all requested documents.
4. Submit application with documentation via email.

### Instructor Information: *(Must be active teaching status with current agency)*

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
DD / MM / YY

Mailing Address (Line 1): \_\_\_\_\_

Mailing Address (Line 2): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Instructor Verification:

SDI Instructor Number# \_\_\_\_\_ Other Agency Name / Instructor Number # \_\_\_\_\_

### Administrative Requirements

#### Online Course Completion: *(Include final page with signature)*

Required online component completed and any missed questions reviewed.

OR

Manuals and exam completed and knowledge quests reviewed.

#### Copies of Certifications: *(Include all applicable instructor ratings)*

A copy of your certification card(s) or qualifications must accompany this application to document the fact that all the requirements for the instructor ratings you are requesting are met.

There are no guarantees that you will automatically receive all the ratings you are seeking.

Official verification of teaching status from current agency or organization is acceptable in lieu of C-Cards. Ratings eligible for crossover are determined by equivalency and will be listed by HQ training department prior to final approval.

#### S&P and Website Familiarization

Website, member services, materials, marketing and standards communicated to instructor by a certified active status Instructor Trainer.



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### INSTRUCTOR AGREEMENT:

#### A First Response Training Professional MUST-

- Maintain a current mailing address with HQ.
- Pay applicable dues and any debts owed to HQ.
- Teach or participate in a First Response course, as an instructor, candidate, auditor, staff member or lecturer.

#### Complete at least one of the following options-


- Teach a First Response Training International course and register the students at least once every two years.
- Serve on staff and lecture at a complete First Response Training International program.
- Serve as an assistant for two complete courses.

### CONDITIONS:

This cross-over application does not constitute an offer for membership. Membership is accepted only upon approval of the application by First Response Training International's Training Department. Certification cards issued by headquarters are the property of First Response Training International and must be surrendered upon request by the Training Board or their representatives. A First Response Training instructor who does not renew their annual membership dues loses First Response Training International membership, and must meet special renewal requirements before renewal will be considered. First Response Training International may withdraw the permission to use the First Response Training International trademark at any time. Applicants must be in current active status with the agency they are crossing over from.

### MEMBERSHIP AGREEMENT:

I verify that I have read and understand the First Response Training International leadership crossover requirements, which includes professional growth and copyright/trademark policies. I hereby agree to be bound by the First Response Training International Code of Ethics and the First Response Training International Course Standards and Policies. The information I have provided is accurate to the best of my knowledge. First Response Training International reserves the right to terminate membership for ethical or standards violations. First Response Training International also reserves the right to refuse membership renewals.

 **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Standards and Procedures and familiarization session completed**

Location: \_\_\_\_\_ Verified by: \_\_\_\_\_ Inst: # \_\_\_\_\_

### Method of Payment

AMEX  MasterCard  Visa  Check  Money Order

Make Checks Payable to International Training

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Year

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year