



EMP Canada Registry

Instructor Candidate Application

Part 1—Information to be completed by the Candidate (please print)

Personal Information (The following information will be kept strictly confidential)

Last Name _____ First _____ Middle Initial _____

E-mail _____ Phone _____

Home Address _____

City _____ Province _____ Postal Code _____

Training Centre / Company Information

Name _____ Division/Dept. _____

Title _____ E-mail _____

Address _____

City _____ Province _____ Postal Code _____

Phone (include area code) _____ Fax _____

Training Information

Please indicate, with a checkmark, if you currently hold any of the certifications and/or licenses listed:

Medical Background: MD RN EMR Other: _____

Current Instructor Status: CHSF CRC SJA Other: _____

I agree that all my classes will be taught according to the "Registry, Quality Assurance, Administrative and Legal Guidelines" as established for MEDIC FIRST AID.

Candidate's Signature _____ Date _____

Part 2—Information to be completed by your class Trainer only

Which MEDIC FIRST AID program is this application for (check only one per application)?

Basic Emergency Basic Plus Standard _____

What is applicant applying for?

Non-Licensed Instructor Non-Licensed Trainer

The Instructor Development Course for this applicant was conducted?

Date _____ Location _____

I certify that this candidate has successfully completed a MEDIC FIRST AID course under my direction and is qualified for certification as a MEDIC FIRST AID Version 6.0 Instructor (as indicated above).

Trainer/Master's Signature _____ Registry No. _____



Registry Checklist

Instructor Candidate Application

Information to be kept on file at the EMP Canada Registry

This checklist has been prepared to help confirm that all the required documentation is included in the application to the EMP Canada Registry for certification of a Facilitator.

The EMP Canada Registry is required by the provincial Occupational Health & Safety(OH&S) agencies to maintain the following records:

Instructor Development Program

- CCIRG - Knowledge Review
Classroom Communication Instructor Reference Guide
- Teaching Presentation Evaluation Sheets
- Instructor Development Examination (100 questions)

Classroom Monitoring

- Instructor Candidate Monitoring Form

Application Documents

- Instructor Application
- Instructor Membership Agreement
- Photograph (passport sized)

Proof of Insurance

- Copies of General Liability Insurance in the amount of 2 million dollars and Errors and Omissions Insurance in the amount of 1 million dollars

Background Check

Copies of certifications to substantiate background requirements:

- First Aid Standard certificate** (*this is the minimum requirement*)
- First Aid Advanced certificate
- EMR - Emergency Medical Responder license
- EMT - Emergency Medical Technician license
- Paramedic license
- Nursing diploma
- _____
- _____

Candidate Statement

I have included the previous mentioned documentation to be kept on file at the EMP Canada Registry for the purposes of maintaining "Quality Assurance, Administrative and Legal Guidelines" as established by my provincial OH&S agency for the delivery of MEDIC FIRST AID training programs.

Candidate's Signature _____ Date _____

Trainer/Master's Signature _____ Date _____

EMP Canada

Membership Agreement

INSTRUCTOR Membership Agreement

Status as a Instructor Facilitator in the MEDIC First Aid® training programs is a revocable privilege requiring appropriate and approved use of copyrighted materials and programs. Therefore, the undersigned acknowledges and agrees to the following:

1. I understand that status as an Instructor of the MEDIC First Aid® training programs, can be revoked. I understand that my certification is issued for 3 years.
2. I understand to validate teaching status for an initial certification my provincial OH&S legislation requires me to provide EMP Canada with proof of insurance. To maintain my teaching status proof of insurance is required with my renewal application each 1 year. (documentation is required)
3. I understand that my provincial OH&S legislation requires me to have a program (that I deliver), monitored by and EMP Trainer each 1 year to remain in current teaching status. (documentation is required)
4. I understand that my provincial OH&S legislation requires me to recertify my teaching status every 3 years (recertification to include knowledge review and a practical skills evaluation) conducted by an EMP Canada Trainer. (documentation is required)
5. I agree to abide by the Quality Assurance process and procedures set forth in the Rules and Regulations of MEDIC First Aid®.
6. I agree to use the trademarks, logos, and copyrighted materials of MEDIC First Aid® only in the approved and appropriate manner. I understand that all use of trademarks, logos, and copyrighted materials are subject to the proper written consent of EMP Canada.
7. I understand that EMP Canada is not offering me a business opportunity and that the privilege to teach MEDIC First Aid® courses is not a franchise, distributorship or dealership. In particular, I understand that EMP Canada provides no marketing support, no advertising support, no leads or referrals, and no financing of purchases.
8. I understand that MEDIC First Aid® programs and materials are copyrighted and I agree not to:
 - a) videotape, photocopy, reproduce, duplicate, or reprint any part of the materials;
 - b) add to, make part of another, or recreate any of the materials produced by MEDIC First Aid®;
 - c) rent, lease, lend, or misuse the MEDIC First Aid® materials and programs made available to me by a Training Centre ; or
 - d) make copies for "backup" or archival use.
9. I will abide by all training course Standards and Procedures as published in the Instructors Registry Binder within the capacity of my current classification.
10. I will not deviate from the content of the EMP Instructor Guide.
11. I have familiarized myself and made myself knowledgeable about the latest EMP instruction methods in addition to current Training Bulletins and related publications. I have read and become completely familiar with the rules and regulations of EMP Canada and the policies and procedures of MEDIC First Aid® and have clarified my understanding of all information.
12. I also certify that the information included here is true and correct to the best of my knowledge and understand that any subsequent renewal of my membership with EMP Canada is subject to approval by the EMP Canada Board of Review.

I have read the above Membership Agreement and hereby consent to the agreement in its entirety.

Signature: _____

Date: _____

Name: _____
(please print)

EMP Canada Number: _____

Note: This agreement must be signed and returned before any student successful completions can be processed.