

Please print or type.

Training Center (TC) Information

TC Name _____

BILLING Address _____

City _____ State _____ Zip _____

SHIPPING Address *(if different)* _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Website URL _____

Business Structure: (see reverse for descriptions)

Corporate Government/Non-profit Healthcare

Do you have tax-exempt status? Yes *(Please attach documentation.)* No

Please indicate if you currently provide safety and health training using the materials of courses of any of the following organizations:

American Society of Safety Engineers BLR® – Business and Legal Resources, Inc. ClickSafety.com, Inc.
 Coastal Training Technologies Corp. J. J. Keller & Associates, Inc.® National Safety Council
 PureSafety® Summit Training Source, Inc. Other

Do you want your Training Center to appear in our online Training Center Directory?

(Entrepreneurial Training Centers only)

Yes No

Employees/Instructors Authorized to Place Orders _____

Training Center Director Information

The Director is the business owner, executive officer, or other individual associated with the organization who is responsible for managing this Training Center. Only a person authorized to oblige the organization to the terms of this agreement should sign this application.

Mr. Ms. **Last Name** _____ **First Name** _____ **MI** _____

Email _____ Phone _____

HSI may send me promotions, advertisements, and newsletters by email.

Yes No

Have you ever had a occupational license or certification suspended, revoked, or denied or pled nolo contendere or been convicted of a felony in any state?

No Yes *(If yes, you may still be eligible to direct a Training Center, but you must attach a detailed explanation.)*

Training Center Agreement

I understand and agree that approval as an FSI Training Center is a privilege, not a right, and may be denied, suspended, or revoked at any time at the sole discretion of the Health and Safety Institute. I agree to read and follow the First Safety Institute Standards and Guidelines for Quality Assurance as published in the Training Center Administrative Manual (TCAM) hereby incorporated by reference, available at www.hsi.com. I understand and agree that evidence of falsification of any information on this application will result in denial or revocation of approval.

TC Director Name *(Please print)* _____

Signature _____ Date _____

Active Training Centers must have at least one affiliated currently authorized FSI Instructor in good standing. Please submit the Instructor Application form to register Instructors.

FSI Training Center Application Instructions

Training Center Information

This section is to be filled out completely by the Training Center Director and submitted to HSI.

Business Structure

Please select the appropriate segment for your Training Center.

Entrepreneurial

- Select this segment if your Training Center is a tax-paying business that provides safety and health training.

Corporate

- Select this segment if your Training Center is a tax-paying business that provides safety and health training to its internal employees only.

Government/Non-profit

- Select this segment if your Training Center is a municipal, county, state, or federal governmental agency that provides safety and health training.
- Select this segment if your Training Center is a charity or non-profit that provides safety and health training.

Healthcare

- Select this segment if your Training Center is a healthcare organization that trains only its own staff (physicians, nurses, nurse's aides, EMS personnel, etc.).

Tax-Exempt Status

Please submit supporting documents.

Training Center Directory

Entrepreneurial Training Centers have the opportunity to be listed on our website so that members of the public looking for certification courses can find you.

- Please check "yes" to be listed on the Directory.
- Please check "no" to be excluded from the Directory.

Training Centers in the other segments do not have this option.

Employees/Instructors Authorized to Place Orders

Please indicate who may place orders with Client Services for your Training Center.

Training Center Director Information

Personal Information

Please complete this section fully.

Opt-in Email

First Safety Institute provides numerous promotions, advertisements, and newsletters via email. You have the choice to receive these notifications to keep you updated with recent offerings. FSI reserves the right to contact you via email regarding updates, renewals, and administration issues. FSI is committed to keeping your e-mail address confidential. **We do not give, sell, rent, or lease information to third parties.**

Suspension/Revocation/Felony conviction

- Please check the appropriate box.
- If you answer "yes," you must submit a detailed memo explaining the circumstances. HSI will review the information and determine your eligibility for Training Center approval.
- If the answer to this question changes during your authorization period, you must inform HSI.

Training Center Agreement

Your signature indicates that you are verifying that all information on this form is accurate, and that you agree to abide by the Standards and Guidelines for Quality Assurance as published in the Training Center Administrative Manual (TCAM), available at www.HSI.com. Evidence of falsification of any data on this application will result in denial or revocation of approval.

What to do with the form:

- Submit this completed and signed form along with all appropriate documents to HSI by one of the following methods:

Email: applications@hsi.com

FAX: 541-610-1623

Mail: HSI
1450 Westec Drive
Eugene, OR 97402

In order to offer FSI Training Programs and issue Certificates of Successful Completion, the Training Center must purchase the Instructor package for that program and have at least one HSI authorized FSI Instructor affiliated with the Training Center. The Training Center Director and authorized instructor may be the same individual. When the Training Center approval process is complete, HSI will send a Training Center Certificate and welcome package.

First Safety Institute is an affiliate of ASHI Holding Company. HSI, Health & Safety Institute, First Safety Institute, FSI Logo, MEDIC HEALTH & SAFETY, MEDIC FIRST AID, MEDIC FIRST AID logo, American Safety & Health Institute, the ASHI logo, 24-7 EMS, and the 24-7 EMS logo are registered trademarks of Medic First Aid International, Inc. or ASHI Holding Company.

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