



GWRRA Medic First Aid Instructor/Trainer/Renewal Application



Training Center: GWRRA

Training Center ID GWR802

Name: _____
 First Middle Last

Address: _____
 Street / P O Box

_____ City State Zip code

Phone: (_____) _____ (_____) _____
 Home Mobile

Email: _____

GWRRA Member Number: _____ District: _____

Applying for:

_____ Instructor (check enclosed \$65.00 payable to Laurel Kuehl)

 Trained by Instructor Trainer Number _____

_____ Instructor Trainer Instructor Number _____ (enclose check \$225.00 payable to Laurel Kuehl)

_____ **Renewal** Instructor or Instructor Trainer Number _____ (enclose check \$22.00 payable to Laurel Kuehl)

Have you ever had a license or certification suspended, revoked or denied, including certification by ASHI, AHA, ARC or NSC, or been convicted of a felony in any state?

_____ No _____ Yes (If yes, you may still be eligible for Instructor authorization, but you must attach a detailed explanation.)

Instructor agreement: I agree that the information and documentation I have provided is true and accurate. I agree to conduct MEDIC FIRST AID training classes in accordance with the most recent version of the MEDIC FIRST AID Training Center Administrative Manual and understand that authorization as a MEDIC FIRST AID Instructor may be suspended or revoked at any time by MEDIC FIRST AID OR GWRRA Director of CPR/First Aid.

Applicant Signature:

_____ Date: _____

Approval:

_____ Date: _____

District or Area Coordinator

_____ Date: _____

Laurel Kuehl, GWRRA Director of MEDIC First Aid

Send completed form with payment to: Laurel Kuehl 238 Laurel Dr. Valparaiso, IN 46383 rev 7-1-2019