



GWRRA HEALTH AND SAFETY INSTITUTE®

Instructor Renewal



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 or Trainer renewal \$16.05 YEARLY Check payable to Todd Stark

_____ To become an Instructor. Contact Todd Stark

_____ To become an Instructor Trainer Contact Todd Stark

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 Health & Safety Inst. training classes in accordance with the most recent version of the HSI Training Center Administrative Manual and understand that authorization as a HSI Instructor may be suspended at any time by Health & Safety Inst. OR GWRRA Director of CPR/First Aid.

Applicant Signature:

_____ Date: _____

Approval:

_____ Date: _____

District or Area Coordinator

_____ Date: _____

Todd Stark GWRRA Director of Health and Safety Institute®