

Change of Training Center Affiliation Form

Please print or type all information legibly and clearly.

Instructor Information

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

Mailing Address: _____

City _____ State _____ Zip _____

Email _____ Telephone _____

Change of Training Center Affiliation — \$5⁰⁰ fee (Instructor will be issued a new authorization card with the new Training Center ID printed on it.)

Current Training Center Name _____ TC ID _____

New Training Center Name _____ TC ID _____

Payment

Payment Method

Check or Money Order

Credit Card (For credit card, please complete information below or call 800.447.3177)

Confirm Last Four Digits of Credit Card Acct. Number on file: _____

Instructor Certification Card Mailing Instructions

Send Instructor Card to Training Center

Send Instructor Card directly to Instructor

Training Center Director Agreement:

I have received and validated the required credentialing documentation from the Instructor applicant listed above. I agree to maintain responsibility for this Instructor and ensure that he or she has access to and complies with the most recent administrative guidelines as outlined in the TCAM. I will maintain a copy of this application and associated credentials for the length of this Instructor's affiliation with my Training Center and for a minimum of 3 years following termination of that affiliation.

New Training Center Director Name (Please print) _____

Signature _____ Date _____

Submit a signed copy of this form to HSI by one of the following methods:

Email: applications@hsi.com

Fax: 503.914.1424

Mail: HSI

1450 Westec Drive

Eugene, OR 97402

Please allow 48-72 business hours for updating.