



## ASSOCIATE INSTRUCTOR AGREEMENT

Instructor Level:           **Heartsaver** expires: \_\_\_\_\_ **BLS** expires: \_\_\_\_\_ **ACLS** expires: \_\_\_\_\_ **PALS** expires: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Training Site: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Best # to reach you: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

### POLICIES

Guidelines and policies from the accrediting body and Emergency Management Resources (EMR) will be enforced. Please download your copy of the EMR Associate Instructor Handbook at [http://www.emresources.net/objects/Associate\\_Instructor\\_Policies\\_and\\_Procedure.pdf](http://www.emresources.net/objects/Associate_Instructor_Policies_and_Procedure.pdf) . Password is: emrinstructor600. **Instructor Initials: \_\_\_\_\_**

### COURSE APPROVAL NUMBERS (CAN's)

Before a class is performed, Associate Instructor's must request a CAN for each class in order for it to be written on the roster on the lower left hand corner. Upon request provide: course location & name, address, city, state, zip, course date, time, estimated number of participants and course type. **Instructor Initials: \_\_\_\_\_**

### ROSTERS

Submit rosters within 48 business hours of course completion. Rosters must be clearly legible and complete with course participant's first and last name, address, city, state, zip and phone number. Additionally, course date, location name and address, CAN, class type, manikin-student ratio, total number of participants, course start and end times, date and number of cards issued. **Instructor Initials: \_\_\_\_\_**

### COURSE MATERIALS

For online courses, a part one certificate shall be produced by the student prior to the skills evaluation. Classroom based course participants must utilize any mandatory and appropriate course textbooks before during and after the course. **Instructor Initials: \_\_\_\_\_**

### EQUIPMENT RENTAL AGREEMENT

Although rental fees are paid, individuals accept personal responsibility for equipment rented and are held financially responsible for damage and / or loss of equipment. Equipment must be picked up and returned during normal business hours. **Instructor Initials: \_\_\_\_\_**

### EQUIPMENT LIST

An equipment list is required to be turned in as documentation showing that appropriate equipment is utilized to conduct quality courses. This includes: Supporting video's for each course. Cards will only be issued for courses in which you have appropriate equipment and materials to teach. **Instructor Initials: \_\_\_\_\_**

### CARD AND TEST SECURITY

Tests must be kept in a secured in a location. Instructors can only provide a written test to course participants. Written tests must be returned to the instructor before the participant receives a certification card. Cards are issued from EMR to course participants who are validated on the roster as successfully completing the course. **Instructor Initials: \_\_\_\_\_**

### MONITORING AGREEMENT

EMR serves as the training center and has full authority to monitor courses. EMR maintains the responsibility to randomly monitor classes as a quality control measure. Mandatory monitoring initiates upon receipt of a problem or complaint. For complaints, Instructors are expected to participate in any subsequent investigations. If remedial monitoring is necessary, Instructors are assessed a fee and notified in advance of any charges. Non-participation in remedial monitoring is grounds for removal as an approved instructor with EMR and no certification cards will be issued beyond that time. **Instructor Initials: \_\_\_\_\_**

### INTEGRITY STATEMENT

"Integrity" implies honesty, fairness, ethics, and moral character. Nothing hidden, being truthful and, doing complete work, working from an empowering context, and doing very well at your work without cutting corners. In other words, honoring your word (do what you know you should do, what you said you would do and on time.) exceeding other's expectations even if you haven't said that you would do it. Communicating with others as soon as you realize you won't be doing it or won't be doing it on time. This is the context from which I agree to operate when teaching all courses under the auspices of the Emergency Management Resources training center. **Instructor Initials: \_\_\_\_\_**

I agree to all terms and conditions of this agreement in exchange for the privilege of serving as an Associate Instructor with the EMR Training Center.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date