

American Red Cross Application to Teach Health Services Courses

The purpose of this form is to provide background information. The form should be completed before the first meeting of the Introduction to Health Services Education course (FIT) and any instructor specialty course.

(Please print or type)

1. Personal Information

Name: _____

Home Address: _____

Phone: _____ Date of Birth: _____

Employer: _____

I am applying for authorization to teach _____

(course)

2. Education

Name of School City, State Dates Diploma/Degree

College _____

High School _____

Continuing education obtained within the last two years that pertains to the course you wish to teach _____

3. Experience

Have you had teaching experience? _____yes _____no

If yes, please complete the following:

Name of organization: _____

Address: _____

Nature and date of teaching experience _____

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Name of organization: _____

Address: _____

Nature and date of teaching experience _____

Do you have a professional license? (e.g. R.N., Teacher's Certificate)

_____yes _____no If yes, give the license number and state (s) in which you are licensed: _____

4. Goals and Plans

My goals for taking the Introduction to Health Services Education and the subsequent specialty courses are: _____

I plan to teach the following groups: _____

IN RETURN FOR THE INSTRUCTOR TRAINING I RECEIVE, I AGREE TO WORK WITH THE RED CROSS CHAPTER IN PLANNING, TEACHING, AND PROVIDING RECORDS AND REPORTS FOR THE COURSE IN WHICH I RECEIVE MY TRAINING.

(Signature of Instructor Candidate)

Endorsement of Candidate:

The Calhoun County Chapter of the American Red Cross recommends:

(Name of Candidate)

(Signature of Chapter Representative) (Title)

Date _____