

INSTRUCTOR LIST

LIST ALL INSTRUCTORS WORKING FOR YOUR SCHOOL AND INDICATE WHEN THEY WERE TRAINED IN YOUR EMERGENCY ACTION PLAN (EAP). PROVIDE SEPARATE DOCUMENTATION FOR USHPA INSTRUCTORS SHOWING CURRENCY IN MEMBERSHIP AND CERTIFICATIONS. ALSO PROVIDE DOCUMENTATION OF INSTRUCTOR CURRENCY IN FIRST AID AND CPR.

READ THIS: All Instructors on your instructor list MUST work FOR YOU. No school can share their PASA certification status with other instructors or other schools. Anyone you add to your Instructor List MUST work for you. Literally - they must work for you. That means all instruction/tandems are booked through the PASA certified school, all monies are collected by the PASA certified school and the instructor is paid by the PASA certified school - thus creating a situation where they will receive either a 1099 or W-2 for the tax year. If you have ANY questions about how this arrangment MUST be done - contact PASA immedietly. Infractions of this policy will most certainly result in revocation of your PASA certification.

By submitting this form, you agree that you understand this.

School:				Date:		
USHPA #	First Name	Last Name	EAP Training Date	First Aid (Exp Date)	CPR (Exp Date)	Notes