



APPLICATION FOR ASLS® INSTRUCTOR REGISTRY		
Last Name:	First Name:	Middle Name or Initial:
Email address:		Best contact phone number (with area code):
TRAINING AS AN ASLS® INSTRUCTOR		
Date of instructor course completed:	Location (center name, city, state):	Course Sponsor (if applicable):
Instructor course version completed: <input type="checkbox"/> Hospital & Prehospital <input type="checkbox"/> Prehospital Only	Instructor course taught by: <input type="checkbox"/> University of Miami Gordon Center faculty <input type="checkbox"/> Other instructor Name of other instructor:	
ASLS® TEACHING RECORD – since becoming an instructor		
Number of ASLS® classes taught (approx.):	Date of last ASLS® class taught:	Sponsoring Organization for most recent class:
<input type="checkbox"/> I own an ASLS® instructor manual	Instructor manual version (from cover, including version number & © year):	
ALIGNMENT WITH ASLS® TRAINING CENTER		
Name of ASLS® Training Center (TC):		
ASLS® TC contact person:	Contact person email:	Phone (with area code)
<input type="checkbox"/> I need to be matched to an ASLS® TC		
PROFESSIONAL REFERENCE		
Full Name:	Position:	
Affiliation(s):		
Email address:	Phone (with area code):	
COMMENTS:		