



Oakes Ambulance Service
615 Ivy Avenue
Oakes, ND 58474
(701) 742-3244
www.oakesambulance.com

Oakes Ambulance BLS Instructor Course Application

Full Name:		
Mailing Address:	City:	State:
Zip:	Preferred Phone Number:	Email:
Sponsoring Agency (if applicable – EMS service or other agency):		

BLS Provider CPR Expiration Date: _____

As a BLS Instructor Course Candidate I acknowledge and agree to the following:

- BLS Provider CPR certification must be current and maintained during my instructor certification,
- I have not been recently (7 years) convicted of any federal, military, state, or local laws (excluding non-criminal traffic),
- I have not had a license, certification, or right to practice denied, surrendered, or disciplined or am I the subject of any pending investigation, administrative sanction proceeding, hearing, trial or similar action by a regulated occupation, trade, or profession in North Dakota or any other state,
- I must be accepted and aligned with the Oakes Ambulance CTC with all necessary paperwork completed prior to beginning the online Instructor Essentials course and in-person course,
- I am required to teach at least 4 courses in 2 years to maintain my instructor certification,
- I must successfully complete the online BLS Instructor Essentials course prior to the scheduled in-person instructional classes held at Oakes Ambulance,
- The online BLS Instructor Essentials course (Product Number 20-1420) through shopCPR.heart.org is \$41.20 and will be in addition to the \$300.00 course fee through Oakes Ambulance CTC,
- I affirm that I must teach a monitored BLS or Heartsaver course within 6 months of completing all components of the course (online Instructor Essentials, Zoom session, and in-person course),
- I understand that if I must cancel for any reason there will be a \$75.00 fee to cover the instruction materials and administration costs. If I cancel less than 5 days of the in-person course I will forfeit the entire \$300.00 course fee.

Instructor Candidate Signature: _____ Date: _____

Oakes Ambulance CTC Use Only:

- Current BLS Provider Card
- CTC Contract Signed

- All Candidate Paperwork Received
- Course Fees Paid