



Authorized / Licensed Training Provider Questionnaire

Please provide the information requested below. Once the completed questionnaire has been received, you will be contacted to discuss the best type of training solution for your organization. Should you have any questions or concerns, please feel free to contact your representative. *NOTE: This form is not a provider agreement, a separate agreement will be sent to the primary contact at a later time via DocuSign.

Company Contact Information [fields with an asterisk (*) must be completed]

Business/Organization/School Name *

Industry

Website*

(e.g. manufacturing, construction, education)

Address 1

Address 2

City *

State*

Zip

County

Primary Contact Name*

Primary Contact Title*

Primary Phone *

Ext.

Mobile Phone

Fax

Email*

Use the same address for billing? *

Yes

No

Billing Contact Information

Billing Name

Billing Title

Primary Phone

Ext.

Mobile Phone

Fax

Email

Billing Address 1

Billing Address 2

Billing City

State

Zip

Preferred Payment Method* Credit Card Pre-Payment Standard Purchase Order

The standard purchase order payment method option requires advance approval and is only available for transactions greater than \$500. Exceptions are made on a case by case basis. For more information, please speak with your representative

Authorized Signatory (A signature is not required at this time)

Authorized Signatory Same as Primary Contact Same as Billing Contact Neither

Authorized Signatory Name (if not above)

Authorized Signatory Title

Primary Phone

Ext.

Mobile Phone

Fax

Email

Training Information		
Who do you plan on training? (select all that apply) <input type="checkbox"/> Internal Employees <input type="checkbox"/> General Public		
Number of Training Sites	Do any of your training sites have pools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many Red Cross certified instructors do you have?		
Are you interested in having the Red Cross come to your organization to offer full service training? <i>(Available for select courses.)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently using another provider for your First Aid, CPR/AED, or Aquatic Training?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:		
Do you currently have a formal safety inspection or audit program to ensure your organization, office, or aquatic facility is as safe as it can be? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is this inspection or audit done by an outside agency? Yes, please specify:		
Do you have an AED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Model and Year?	
Do you need Student Training Packs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need Manikins? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you interested in posting your courses on redcross.org? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Course Type (Select All That Apply)		Estimated # of participants per year
Water Based Training		
	Lifeguarding	
	Safety Training for Swim Coaches	
	Basic Water Rescue	
	Small Craft Safety	
	Basic Water Rescue Instructor	
	Lifeguard Instructor	
	Water Safety Instructor	
	Learn To Swim	Select Estimated Number of Annual LTS Enrollees
		<input type="checkbox"/> 0-75 Annual Enrollees
		<input type="checkbox"/> 76-500 Annual Enrollees
		<input type="checkbox"/> 501-999 Annual Enrollees
		<input type="checkbox"/> 1000+ Annual Enrollees
Land Based Training		
	Workplace Training (Adult and/or Pediatric FA/CPR/AED)	
	Bloodborne Pathogens Training	
	Healthcare (BLS and/or Professional Rescuer)	
	Wilderness First Aid	
	Babysitters Trainings	
	Other - please specify	

Instructor Contact Information			
First Name	Last Name	Email Address	Phone