

11511 Katy Freeway Suite 330, Houston TX 77079. Phone: 281 372 6640 FAX: 281 372 6125

**Instructor Agreement Form**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICIES

Guidelines and policies from the accrediting body and Roxell Emergency Management Training will be enforced.

I received a copy of the Instructor Handbook

Instructor Initials \_\_\_\_\_\_\_\_\_\_\_\_\_.

No Private Home Training Policy

We encourage all our instructors to teach classes for the AHA and grow their business. Roxell EMT does **NOT**  approve training at Private homes due to Liability issues\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

ROSTERS

Submit rosters within 48 business hours of course completion. Rosters must be legible and complete with course participant’s first and last name, address, city, state, zip, and phone number. Additionally, course date, location name, and address CAN, class type, manikin-student ratio, the total number of participants, course start and end times, date, and several cards issued.

Instructor Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

COURSE MATERIALS

For online courses, a part one certificate shall be produced by the student before the skills

Evaluation. Classroom based course participants must utilize any mandatory and appropriate course textbooks before during and after the course.

Instructor Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

EQUIPMENT RENTAL AGREEMENT

Although rental fees are paid, individuals accept personal responsibility for equipment rented and are held financially responsible for damageand/or loss of equipment. Equipment must be picked up and returned during normal business hour

Instructor Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

EQUIPMENT LIST

An equipment list is required to be turned in as documentation showing that appropriate equipment is utilized to conduct quality courses. This includes: Supporting videos for each course. Cards will only be issued for courses in which you have appropriate equipment and materials to teach.

Instructor Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

CARD AND TEST SECURI TY

Tests must be kept in a secured in a location Instructors can only provide a written test to course participants. Written tests must be returned to the instructor before the participant receives a certification card. Cards are issued from Roxell EMT to course participants who are validated on the roster as completing the course.

Instructor Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

MONITORING AGREEMENT

Roxell EMT serves as the Training Site and has full authority to monitor courses. Roxell EMT maintains the responsibility to monitor classes as a quality control measure randomly. Mandatory monitoring initiates upon receipt of a problem or complaint. For complaints, Instructors are expected to participate in any subsequent investigations. If remedial monitoring is necessary, Instructors have assessed a fee and notified in advance of any charges. Non-participation in remedial monitoring is grounds for removal as an approved instructor with Roxell EMT, and no certification cards will be issued beyond that time.

Instructor Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

INTEGRITY STATEMENT

“Integrity” implies honesty, fairness, ethics, and moral character. Nothing hidden, being truthful and, doing complete work, working from an empowering context, and doing very well at your work without cutting corners. In other words, honoring your word (do what you know you should do, what you said you would do and on time.) exceeding other’s expectations even if you haven’t said that you would do it. Communicating with others as soon as you realize you won’t be doing it or won’t be doing it on time. This is the context from which I agree to operate when teaching all courses under the auspices of the Roxell Emergency Management Training.

Instructor Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I agree to all terms and conditions of this agreement in exchange for the privilege of serving as an Associate Instructor with Roxell Emergency Management Training.

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Printed name Signature Date