National Disaster Life Support Foundation, Inc.

AF-2039

1120 15th Street

Augusta, GA 30912

706.721.9029 (voice)

706.721.2654 (fax)



## Dear NDLS Training Center Applicant,

Thank you for your interest in our disaster preparedness program. Your potential role is vital to the success of the program, as the courses are taught through our growing network of accredited Training Centers. The attached application form is the starting point for the process of establishing a Training Center. We recognize that not all applicants are at the same point in their planning for such an undertaking; therefore, the purpose of this letter is to provide additional guidance.

If you already have trained instructors who are qualified to teach the courses, then you should complete all portions of the application relevant to the type of Center you are applying for. If, on the other hand, you are in the process of acquiring training for your instructors, it is only necessary to complete page one of the application. This will temporarily secure you Training Center application status and permit us to interact with you. As soon as you are in a position to provide the additional information (completed mandatory NDLS training for the training center status you are applying for), please submit the balance of the application. Your application packet will then be submitted to our Board of Directors for approval. Once the review process by the NDLSF Board is complete, we will promptly notify you of their decision and provide you with the necessary materials to begin conducting or to expand your NDLS course offerings.

If you have questions about any aspect of the program or this application process, please contact me and I will be pleased to assist. We truly look forward to collaborating with you.

Sincerely,



John A. Williams, MBA

Director, National Disaster Life Support Foundation

## ndlsf

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## TRAINING CENTER APPLICATION FOR NDLS STATUS

Application is hereby made for approval as an NDLSF affiliated Training Center as indicated (please check one):

 [ ]  Basic (CDLS, BDLS) [ ]  Advanced (CDLS, BDLS, ADLS) [ ]  Regional (CDLS, BDLS, ADLS, NDLS-Instructor)

 USD $1,000.00 fee USD $1,500.00 fee USD $2,500.00 fee

 [ ]  CHEC [ ]  Comprehensive (CDLS, BDLS, ADLS, NDLS-Instructor, CHEC)

 USD $1,000.00 fee USD $3,500.00 fee

**Application Date:**

**Name of Applicant Institution:**

**Name of Proposed Center:**

**Address of Proposed Center:**

**Address 1:**

**Address 2:**

 **City, State, Postal Code:**

#  Country:

# Contact Information Name / Phone / e-mail

Primary POC:

 Medical Director:

**Please indicate the organizational nature of your proposed Center (list affiliation):**

**[ ]  Academic** **[ ]  EMS**

**[ ]  Hospital** **[ ]  For-Profit Company**

**[ ]  Public Health** **[ ]  Foundation/Non-Profit**

**[ ]  Fire** **[ ]  Other**

**For NDLSF Office Use Only**

**NDLSF policy requires that all instructors successfully complete the courses before being permitted to instruct. Please provide the names of your instructors in each of the following subject matter areas (CV’s of each instructor need to accompany the application).** (It is recognized that this list may be incomplete pending completion of training. Complete all sections that apply).

**CDLS:**

Overview and Disaster Paradigm:

 Detection:

 Incident Command:

 Scene Safety and Security:

 Support:

 Triage and Treatment:

 Evacuation:

 Recovery:

 Public Health:

**BDLS:**

Overview and Disaster Paradigm:

 Natural Disasters:

 Traumatic and Explosive Events:

 Nuclear and Radiologic:

 Biological:

 Chemical Agents:

 Psychosocial:

 Public Health:

**ADLS:**

SALT Triage:

 Medical Decontamination:

 Legal Parameters:

 Media and Communications:

 Healthcare Facility Disaster Planning:

 Mass Fatality Incidents:

 Personal Protective Equipment (PPE):

 Human Patient Simulators:

 Disaster Skills:

**ADLS – Equipment requirements**

List the make, model, and quantity of Patient Simulators available:

Describe the Personal Protective Equipment you have available, listing quantity and the level of protection:

### Regional Training Centers Only

For regional Training Center applicants, it is essential that you select your key instructors to be used to conduct the Instructor Training course. These instructors should represent your highest NDLS quality and competency to ensure adequately trained instructors. By execution and submission of this application, you agree to support this requirement to the fullest extent.

**NOTE:** Upon approval of your application, you will be provided a copy of the NDLSF Training Center Policy and Procedures Manual, together with password-protected access to the NDLSF on-line resource center. The resource center contains all course materials including forms, slides, handouts, etc.

If you are applying to become an Advanced, Regional, or Comprehensive Training Center, before final approval of this application can be made, it will be necessary for a member of the NDLS National Faculty (NF) to monitor a round of courses conducted in your Center. The travel expenses and professional fees (honoraria) will be invoiced to your Center. All travel will be conducted in strict accordance with the approved Travel Policy of the NDLSF, Inc., a copy of which is available upon request.

If you have already tentatively scheduled courses, please indicate the dates below:

Course s:       Dates:

Printed Name of Applicant:

Title:

Signature: Date:

Please return this application to johnwilliams@ndlsf.org and send original application, application fee, CV’s, and any other necessary course materials to the address shown on the letter head. Thank you for your support of the NDLS programs.