



Affiliation Application/Instructor Information Form

Name: Title:

Level of Licensure:
(Ex: RN, EMT-p, etc)

Mailing Address:

Home/Cell Phone:

Email:

Have you ever been affiliated with another Training Center? ☐ Yes ☐ No

If Yes, which Training Center?

Contact Name: Phone:

Please check all that apply regarding your current Instructor Status.

Include a copy of all cards that apply.

BCLS/PBLS	ACLS	PALS
Regional Faculty: <input type="text"/> expires	Regional Faculty: <input type="text"/> expires	Regional Faculty: <input type="text"/> expires
Instructor/Trainer: <input type="text"/> expires	Instructor: <input type="text"/> expires	Instructor: <input type="text"/> expires
Instructor: <input type="text"/> expires		

You must also include any documentation verifying Instructor Course completion.

Please complete affiliation payment by visiting our Instructor
Website at wakehealth.edu/tc

Please complete this form and email to:
lifesupportedAHWFB@advocatehealth.org
or mail to:
Training Center - Dept 696
Medical Center Boulevard
Winston-Salem, NC 27157