

How do you plan to use the PedFACTS curriculum?

Have you successfully completed the online PedFACTS instructor orientation?

_____ yes – attach verification to application

_____ no – describe timeline for completion _____

What contact information do you want included in the Ohio PedFACTS Instructor database?

	✓ if same as above	If different, provide details
Name (required)		
Organization		
Address		
Telephone		
E-mail		
Fax		

Signature

Date

Submit the following to Rosa Johnson

- Signed application**
- Signed trainer expectation form**
- Verification of PedFACTS Instructor status**

Rosa Johnson, Executive Secretary
ODH, Bureau of Early Intervention Services
246 North High Street, 5th floor
Columbus, OH 43215
Tel (614) 644-8313
Fax (614) 728-9163
rosa.johnson@odh.ohio.gov



Pediatric First Aid for Caregivers and Teachers (PedFACTS) Trainer Expectations

- I understand that I must successfully complete the PedFACTS online instructor orientation and submit verification of instructor status prior to receiving free PedFACTS materials.
- I understand that being a certified PedFACTS instructor does not guarantee that I will receive free resources, although I may choose to be listed in a database of available PedFACTS trainers
- I understand that, if selected, I will receive 1 PedFACTS Instructor's Resource Manual, 10 PedFACTS participant manuals and 1 PedFACTS DVD.
- I agree to provide PedFACTS training to a minimum of 25 Ohio child care providers by June 30, 2007, at times convenient to child care providers (possibly Saturdays and weekends). A minimum of 10 child care providers will be provided with PedFACTS training and materials at no cost.
- I will submit all required training paperwork (class rosters and evaluations) to the Ohio Department of Health, Bureau of Early Intervention Services, within 2 weeks after a training event for the first 25 participants.
- I agree to conduct the PedFACTS training in accordance with guidelines provided by the American Academy of Pediatrics, including the length of the training, instructor-to-participant ratios, requirements for issuing completion cards and length of certification.
- I agree to have my name and contact information listed in a public database of PedFACTS instructors.

I agree to all above statements.

Trainer's Signature

Date