

## Oklahoma Department of Corrections CPR and First Aid Instructor Nomination Form

### Section I

- INSTRUCTOR NOMINEE  
 INSTRUCTOR TRAINER NOMINEE  
 RECIPROCAL AGREEMENT NOMINEE

Nominated by: (this person must be a current authorized instructor)

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Facility: \_\_\_\_\_ Date Authorization to Instruct Expires: \_\_\_\_\_

### Section II

Nominee:

Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Date Nominated: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Date of most recent CPR/First Aid class: \_\_\_\_\_

### Section III

#### NOMINEE'S ACKNOWLEDGEMENT AND AGREEMENT

I AGREE TO SERVE IN THE CAPACITY OF A FIRST AID AND CPR INSTRUCTOR/INSTRUCTOR TRAINER AND TO ABIDE BY THE STANDARDS SET FORTH IN THE INSTRUCTOR MATERIALS AND RELATED OPERATIONS PROCEDURE.

Nominee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section IV

#### COORDINATOR'S REVIEW

Date Form Received: \_\_\_\_\_ Nomination Approved:  Nomination Denied:

Reason for Denial: \_\_\_\_\_ Program Coordinator Signature: \_\_\_\_\_

### Section V

#### ENROLLMENT IN INSTRUCTOR TRAINING

Date Nominee Enrolled In Instructor Class: \_\_\_\_\_ Class Location: \_\_\_\_\_