



## APPLICATION FOR THE ACCREDITATION OF AUTOMATED EXTERNAL DEFIBRILLATION INSTRUCTOR TRAINING CENTRE (AED ITC)

- Applicant must be an affiliate member of the National Resuscitation Council (NRC).
- Applicant should be an existing NRC accredited AED Training Centre.
- Application Fee: **\$214.00** (inclusive of GST). Payable upon submission of application form.
- Audit Fee: **\$321.00** (inclusive of GST) per audit. Payable upon completion of audit. Training centre which fails the first audit is required to pay for each subsequent audit.
- Please submit cheque payable to 'National Heart Centre of Singapore Pte Ltd' and mail to :  
National Resuscitation Council Secretariat  
c/o Clinical Affairs Department  
National Heart Centre, Annexe Level 2, Mistri Wing  
17 Third Hospital Avenue, Singapore 168752
- Validity of accreditation: 2 years

<b>1</b>	<b>Particulars of Organisation / Institution</b>		
	Name : _____		
	Address : _____		
	_____	Postal Code : _____	
	Contact Person : _____	Email : _____	
	Contact No : _____	Facsimile No : _____	
	Affiliate Membership No : _____	Expiry Date : _____	
<b>2</b>	<b>Mission and objectives (Please state)</b>		
	<b>Mission :</b> _____		
	<b>Objective 1 :</b> _____		
	<b>Objective 2 :</b> _____		
	<b>Objective 3 :</b> _____		
<b>3</b>	<b>Fulfillment of the following criteria</b>	<b>Yes</b>	<b>No</b>
<b>3.1</b>	<b>Chief Instructor (CI)</b>		
	<i>Is the qualification of the CI and the procedure of appointment stated?</i> <b>(Please provide the name of the CI and attach his/her current instructor trainer certificate)</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Is an active AED Chief Instructor with a recognised CPR Centre for at least 1 year prior to the application for accreditation as a AED ITC to NRC</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Has been an active instructor trainer for 1 year</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>





**For Official Use Only**

**Receipt No** : \_\_\_\_\_

Date of Issue : \_\_\_\_\_

Expiry Date : \_\_\_\_\_

\_\_\_\_\_  
Name/Signature

\_\_\_\_\_  
Date