



US Partner Application

Program Director

Last Name

First Name

MI

Title

Organization Name

Street Address

City

State/Province

Country

Postal Code

E-mail

Contact Number

List of additional authorized trainers with brief description of experience: (attach additional pages as needed)

Required Information

Authority to Apply. Provide a copy of the resolution by the Board of Directors, Board of Regents, company president, Chief Executive Officer or other governing body of the organization approving the submittal of an application to the NASP/IASP to become an NASP/IASP franchisee.

Incorporation Status. Include evidence of incorporation including nation (and state, if appropriate) and licensing if required in your requested region.

Occupational Safety and Health Training Experience. Demonstrate previous experience delivering occupational safety and health training to adults (attach additional pages as needed.)

Status as a Training Organization. (This applies only to applicants that are not colleges or universities.) Document that training or education is the principal activity of the organization. (attach additional pages as needed.)

Curriculum Development. Explain the organization's process and experience for developing and updating occupational safety and health training. (attach additional pages as needed.)

Training Facilities. Provide detail information regarding classrooms, laboratories, and testing facilities available - include training address(es); and organization's ability to provide standard classroom training across the requested region. (attach additional pages as needed.)

Projected Effect:

Project the number of students to be trained in NASP/IASP courses for each of the first three years of operation. Include proposed courses to be taught. Provide geographical extent for these projections (what geographic area are you requesting for franchise?)

Project the gross income from NASP/IASP courses during the first three years of operation. (attach additional pages as needed.)

Composition of Company offerings:

Will this company offer for sale training courses, services, or products other than those provided by NASP/IASP? (attach additional pages as needed.)

If so, thoroughly explain. (Explain how you will insure that offering NASP/IASP courses will not be negatively impacted by your other offerings)

Upon completion and submission of this form, please remit payment through our site at:

<http://dynamic.naspweb.com/index.php/catalog/product/143>