

STS Trainer & Training Course Approval Application
 ___NEW ___RENEWAL

APPLICANT

Print name of Instructor (applicant)	Instructor Number
Mailing address	
City, town, post office, state, and ZIP code	
Telephone number (include area code)	

SPONSOR

Name of Sponsoring Institution
Mailing address
City, town, post office, state, and ZIP code
Telephone number (include Area Code)

Check each training course that you are applying to certify:

- Defensive Driving
- Passenger Assistance
- Abuse Prevention
- First Aid
- Continuing Education

Note: Please provide a copy of the course curriculum with your application.

HISTORY

Does applicant have experience teaching in any of the following subject areas?	For each YES answer, list the month, year and location where applicant provided training. In addition, list any work experience and training you received relevant to the subject area(s) you propose to teach. (Attach additional sheets if necessary)
Abuse Prevention <input type="checkbox"/> YES <input type="checkbox"/> NO Defensive Driving <input type="checkbox"/> YES <input type="checkbox"/> NO First Aid <input type="checkbox"/> YES <input type="checkbox"/> NO Passenger Assistance <input type="checkbox"/> YES <input type="checkbox"/> NO Continuing Education <input type="checkbox"/> YES <input type="checkbox"/> NO	

Are you willing to provide your training course(s) to drivers of other companies? <input type="checkbox"/> Yes <input type="checkbox"/> No
In what location(s) will you provide your training (list all geographical locations)? _____ _____
If yes, may we share your information with others asking about training? <input type="checkbox"/> Yes <input type="checkbox"/> No All training you provide must meet the minimum requirements found in Minnesota Rules, part 8840.6200 .

First Aid Instructor	Passenger Assistance Instructor
Licensed Physician <input type="checkbox"/> YES <input type="checkbox"/> NO	
Registered Nurse <input type="checkbox"/> YES <input type="checkbox"/> NO	
Licensed Practical Nurse <input type="checkbox"/> YES <input type="checkbox"/> NO	
Reg. Occupational Therapist <input type="checkbox"/> YES <input type="checkbox"/> NO	
Public Health Nurse <input type="checkbox"/> YES <input type="checkbox"/> NO	
Related Work Experience* <input type="checkbox"/> YES <input type="checkbox"/> NO	

**TRAIN
OTHERS**

Are you willing to provide your training course(s) to drivers of other companies? Yes No
In What location(s) will you provide your training (list city)?

All training you provide must meet the minimum requirements found in Minnesota Rules, part 8840.6200.

First Aid & Passenger Assistance Check all that apply to applicant's current status.

<input type="checkbox"/> Licensed Physician	<input type="checkbox"/> Certified First Aid Instructor
<input type="checkbox"/> Licensed Practical Nurse (LPN)	<input type="checkbox"/> Emergency Medical Technician (EMT)
<input type="checkbox"/> Registered Nurse (RN)	<input type="checkbox"/> Paramedic
	<input type="checkbox"/> Other (Specify): _____

ATTACH COPY OF CURRENT LICENSE OR CERTIFICATE

Continuing Education

Taught by a person who is knowledgeable in the specific topic of instruction for the course (Required)

- Qualifications documented by specialized training in the subject matter;
- Experience in teaching the subject matter; or,
- Experience in working in the subject areas.

SIGN

I certify that all the information provided above is complete and accurate

Applicant Signature: _____ Date: _____

SPECIAL TRANSPORTATION SERVICE (STS)

TRAINING COURSE REQUIREMENTS

ABUSE PREVENTION training must include the following topics: Sexual abuse or misconduct; the protection of vulnerable adults; the maltreatment of minors; the appropriate response to victims of abuse, neglect, maltreatment, or sexual misconduct; and the reporting requirements for incidents of abuse, neglect, maltreatment, or misconduct.

(minimum 4 hours)

FIRST AID training must include the following topics: Preliminary treatment of shock; control of bleeding; airway management; prevention and treatment of frostbite and exposure to cold; prevention and treatment of heat exhaustion and heat stroke; recognition of sudden illness such as stroke, heart attack, convulsions, fainting, and seizures; and when and how to summon emergency medical assistanceservices.

(Minimum 4 hours)

PASSENGER ASSISTANCE training must include the following topics: Discussion of functional limitations of the aging process and major disabling conditions and how those conditions affect mobility and communication, including: speech limitations; balance limitations, limb loss and muscle control loss; breathing disorders; skin sensation loss; vision and hearing impairments; emotional disorders and mental impairments; paralysis; endurance level diminishment; and temperature control loss; description of the uses, functions, and limitations of common assistive devices used by elderly and handicapped persons and the proper means of providing assistance to persons using those devices; discussion of attitudes toward elderly and handicapped person, which must include the participation of handicapped and elderly person; discussion of the effect of mobility impairments, medication, and past experiences of passengers and how to behave in a sensitive and professional manner; discussion, demonstration, and practice by students in methods of: handling wheelchairs, including moving wheelchairs up and down steps, curbs, ramps, and lifts; folding and unfolding manual wheelchairs; and handling wheelchairs on uneven, wet, or icy surfaces; if the service transfers passengers from a wheelchair to a seat, discussion and demonstration of moving, lifting, and transferring passenger, including assisted and unassisted transfers, two-handed transfers, and standing transfers; instruction in guidelines for appropriate handling of a vehicle transporting handicapped persons that includes instruction that passengers may have balance or mobility problems and may not be able to grab railing or brace themselves for sudden stops, sharp turns, or other uneven or abrupt maneuvers; discussion and demonstration of placing the assistive devices, operating the lifts, ramps, and wheelchair securement devices, and using them properly if the vehicle to be operated is equipped with them; discussion and demonstration of placing the assistive devices, operating the lifts, ramps, and wheelchair securement devices, and using them properly if the vehicle to be operated is equipped with them; discussion and demonstration of the assistance to be offered to ambulatory passengers, including assistance for standing, sitting, and going up and down steps and curbs; and if the service transports passengers who use assistive devices, discussion of common assistive devices including; manual and electric wheelchairs and electric scooters; canes; crutches; walkers; leg braces, prostheses and slings; and guide dogs.

(Minimum 8 hours)

DEFENSIVE DRIVING training must include vehicle pre-trip safety inspection, safety belts, vehicle characteristics, safe lane positioning, following and stopping distances, tailgaters, scanning the driving environment, city highway and rural driving conditions, lane changes, hazard identification, intersection observations, turns, jaywalkers, backing, knowing your route, night driving, hydroplaning and seat belts.

(Minimum 4 hours)

CONTINUING EDUCATION Minnesota Rule 8840.6200 Subp. 3 (e) CERTIFICATION OF TRAINING COURSES AND INSTRUCTORS an application for certification of a continuing education course must include the following information: (1) the specific topic of instruction and its relevance to special transportation service; (2) a course plan that describes expected outcomes for the participant; (3) a written outline of the topics, the total length of instruction, and how much time will be spent on training for each topic during the course; and (4) written course materials.