



# N.H.T.S.A. Standardized Child Passenger Safety Certification Course Application

Class Date: June 19 - 22, 2012 - Kalamazoo, Michigan  
Application due: May 31, 2012

(Please print or type clearly)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
E-Mail address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Fax number

County Applicant lives in: \_\_\_\_\_

County Applicant works in (if different from above): \_\_\_\_\_

List your experience with Child Passenger Safety and the reasons for wanting to attend this class:

\_\_\_\_\_  
\_\_\_\_\_

How do you plan on using the knowledge learned from this class?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE RETURN the application and a signed Goals and Expectations Form  
postmarked on or before May 31, 2012 to: FAX to (269) 341-7527 or address below.

Deb Carpenter, Coordinator  
Safe Kids Kalamazoo County  
Bronson Children's Hospital  
601 John St. - Box 80  
Kalamazoo MI 49007  
Phone: 269-341-8830  
Email: [carpentd@bronsonhg.org](mailto:carpentd@bronsonhg.org)

## Child Passenger Safety (CPS) Technician Certification Program Expectations

The goal of the CPS certification program is to train CPS technicians who will serve as CPS advocates and resources at the local level. Persons wishing to become CPS technicians must have a history of, or desire to be involved in CPS education technical issues. **A great deal of resources goes into training each individual.** It is critical that each person agrees to the following expectations.

I understand that:

- As an applicant for this class and should I be accepted, a \$175 registration fee will be submitted to Safe Kids Kalamazoo County prior to the 1<sup>st</sup> day of class.
- I must complete the certification course; to successfully complete the certification course, I must attend ALL sessions of the course, pass hands-on and written tests, and participate in a car seat event to be held at the conclusion of the class.
- I agree to participate in community CPS and parent education programs and activities.
- I agree to serve as a CPS technical resource and will be listed on the National Safe Kids website.
- I agree to maintain CPS resources with my agency.
- I agree to maintain certification.
- I agree to be part of the national and state CPS resources database.

By signing this agreement, I acknowledge I have read the above expectations and I accept these responsibilities.

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Signature

Date

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Print Name

**Please sign and return with application for class.**

Please maintain a copy for your records.