

Fellow Application - Agreement, Acknowledgment, and Release

Please review the agreement below and provide your signature

By submitting this application, I acknowledge and agree that Fellowship with the National Society of CPR Educators (“Society”) is a professional distinction awarded solely at the discretion of the Society based upon its established eligibility, professional, educational, experiential, ethical, and documentation requirements. Submission of an application, payment of any applicable fee, possession of professional credentials, licensure, certification, employment, experience, or affiliation with any organization does not create an entitlement to, or guarantee of, Fellowship.

I certify that all information, representations, and supporting documentation submitted by me are true, accurate, complete, and not misleading. I authorize the Society to review and, where reasonably necessary, verify information and documentation submitted in connection with my application. I understand and agree that the Society may deny, defer, or decline to approve my application if I fail to satisfy applicable requirements; provide incomplete, inaccurate, misleading, or unverifiable information; fail to provide requested documentation; or otherwise fail to meet the professional or ethical standards applicable to Fellowship.

I understand and expressly acknowledge that Fellowship is solely a professional distinction and recognition of professional achievement. Fellowship does not constitute, confer, imply, or substitute for any license, certification, instructor credential, accreditation, authorization, or legal authority to provide healthcare or emergency medical services. Fellowship does not, by itself, authorize or permit a Fellow to teach CPR or any other course; conduct skills testing; issue, renew, or validate CPR or other healthcare certifications or completion cards; represent themselves as an authorized instructor, training site, or training center; or perform any activity requiring separate licensure, certification, authorization, or credentialing from another organization or governing authority. Fellows remain solely responsible for maintaining any separate credentials, instructor status, licenses, and authorizations required for the activities they perform.

Fellowship is expressly contingent upon the Fellow maintaining any instructor certification or other professional credential that is identified by the Society as a prerequisite for Fellowship. If a Fellow's required instructor certification, credential, license, or authorization expires, is suspended, is revoked, is surrendered, or is otherwise lost or rendered inactive, the Fellow's Fellowship status shall automatically become null and void without further action by the Society. Upon such loss or termination of the required credential, the individual shall immediately cease representing themselves as a Fellow of the Society and shall discontinue use of the designation, title, post-nominal letters, certificates, insignia, or other representations indicating Fellowship.

The Society reserves the right, in accordance with its governing documents, policies, and applicable law, to suspend or revoke Fellowship at any time for any legitimate and legally permissible reason, including but not limited to failure to maintain applicable professional standards or credentials, professional misconduct, ethical violations, misrepresentation, falsification or material omission of information, conduct inconsistent with the mission or standards of the Society, or circumstances that, in the reasonable determination of the Society, materially compromise the integrity or credibility of the Fellowship designation. Upon suspension or revocation, the individual shall immediately cease using the Fellowship designation and shall remove or discontinue its use from professional titles, signatures, correspondence, websites, social media, advertising, publications, certificates, and other representations. The Society's determination shall be final to the fullest extent permitted by applicable law.

I acknowledge that all Fellowship determinations shall be made in accordance with the Society's applicable standards, policies, and procedures. To the fullest extent permitted by applicable law, I agree that the Society, its officers, directors, members, volunteers, representatives, and agents shall not be liable for any claim, loss, damage, or other alleged injury arising solely from a good-faith decision to deny, defer, suspend, or revoke Fellowship based upon the Society's established criteria, policies, procedures, or legitimate professional or ethical considerations.

I further acknowledge that the Society evaluates applicants without unlawful discrimination and that Fellowship decisions are based upon applicable professional and eligibility criteria. By submitting this application, I acknowledge that I have read, understand, and voluntarily agree to the terms of this Fellowship Application Agreement and understand the limited nature and purpose of Fellowship as a professional distinction.

Applicant Name: _____ Applicant Signature: _____ Date: _____

Fellow Application - Agreement, Acknowledgment, and Release Notarization

Please have the below notary sections completed by a state commissioned notary

NOTARY ACKNOWLEDGMENT

STOP! - NOTARY USE ONLY

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared:

Applicant Name: _____

who provided satisfactory evidence of identification and acknowledged that they executed the foregoing Fellowship Application Agreement, Acknowledgment, and Release voluntarily and for the purposes therein contained.

The undersigned Notary Public witnessed the Applicant's acknowledgment and execution of the document identified above.

NOTARY PUBLIC

Printed Name: _____

Signature: _____

Notary Public, State of _____

Commission No.: _____

My Commission Expires: _____

NOTARIAL SEAL HERE: