

**Safe Travel for All Children:
Transporting Children with Special Health Care Needs**

Instructor Renewal Application

(Revised 06/24/2021)

Applicant: _____ Date: _____

Title/Occupation: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail Address: _____

Total years of experience working in the field of transporting children with special health care needs: _____

ALL INSTRUCTORS MUST HAVE FULFILLED THE FOLLOWING REQUIREMENTS TO BE ELIGIBLE FOR RENEWAL:

- Registered all classes of *Safe Travel for All Children* with the National Center for the Safe Transportation of Children with Special Health Care Needs at least six weeks prior to instruction.
- Taught a minimum of one (1) class within a two-year period without modifications, unless written permission was granted by the National Center. **Permission granted to all STAC instructors include: those with renewal year 2020 have been postponed to allow renewal in 2021 (additional 12 months) secondary to the Covid-19 pandemic.**
- Submitted copies of class rosters, evaluations, tests, skills check offs, and information releases to the National Center within thirty (30) days of course conclusion.
- **Currently be employed** in a position that requires transportation evaluations of children with special health care needs.

COURSE TEACHING LOG

Please list all “Safe Travel for All Children” courses that you have taught in the past 36 months (additional 12 months due to Covid-19).

Training Date(s):	Location:	Number of Participants:	Name(s) of Co-Instructors:

CLINICAL EXPERIENCE

Instructors must be able to demonstrate direct experience assessing the transportation needs of children with special health care needs. This experience should indicate evaluation, selection, and installation.

- 1) Please attach to the application form a description of three (3) case studies that document your active participatory experience/assessments of the transportation issues of children with special health care needs. Case studies should not exceed 500 words typed, and should have the instructor’s signature on each case study submitted.
- 2) Please document in the table below the approximate number of times you have worked with the following special needs restraints in the past 36 months (additional 12 months due to Covid-19).

Type of Seat	Positioning	Installing	Type of Seat	Positioning	Installing
Angel Ride Car Bed			IPS Car Seat		
Dream Car Bed			Spirit Car Seat		
Hope Car Bed			Spirit Plus Car Seat		
Jefferson (Rear-Facing Only)			Special Tomato Car Seat		
Roosevelt Car Seat			Recaro Monza Car Seat		
Churchill Booster			Pilot Booster Seat		

Type of Seat	Positioning	Installing	Type of Seat	Positioning	Installing
Chamberlain Positioning Device			Convoid Carrot Child Restraint		
Upright EZ-ON Vest			Convoid Carrot Booster Seat		
Lay Down EZ-ON Vest			Transit Wheelchair		
Wallaroo Car Seat			Non-transit Wheelchair		
Other:			Other:		
Other:			Other:		
Other:			Other:		

3) Please document in the table below the approximate number of times you have evaluated the transportation needs of children with the following medical conditions in the past 24 months.

Medical Condition	Number of Evaluations	Medical Condition	Number of Evaluations
Achondroplasia		Autism	
Behavioral Issues		Down Syndrome	
Hip Spica Casts		Hydrocephalus	
Neuromuscular Disorders		Prematurity	
Spina Bifida		Tracheostomies	
Other (Explain)			
Other (Explain)			
Other (Explain)			

4) Please approximate the number of phone consultations you have completed in regards to transporting children with special health care needs in the past 12 months.

5) Please describe the special needs car seat program for which you work, along with your responsibilities.

I agree that the information provided in this application accurately reflects my experience.

Name (please print): _____

Signature: _____ Date: _____

Please submit all renewal materials within **thirty (30) days** of receipt to:

National Center for the Safe Transportation of Children with Special Health Care Needs

Attn: Instructor Renewals

Via mail - 1130 W. Michigan Street - Fesler Hall, Room 207 - Indianapolis, IN 46202

OR

Via fax: (317) 274-6710

OR

Via e-mail: ajmcgove@iu.edu

Questions can be directed to Anthony McGovern at 1-800-755-0912 or ajmcgove@iu.edu.

APPLICATIONS CANNOT BE PROCESSED UNTIL ALL MATERIALS ARE PRESENT.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.