

**Medicarsafety.com Incorporated**

**TTT-10 Program, CONDITIONAL ACCEPTANCE FORM**

I \_\_\_\_\_

Representing: \_\_\_\_\_,

Understand that by accepting the Medicarsafety.com Trainer certification program (TTT-10), that I am responsible for presenting this safety training program in its entirety and within the set parameters that have been outlined to me. Failure to do so may result in the suspension of my trainer status certification.

It is understood that teaching variations and styles are expected to occur, however, I understand that the expectation of my role as a certified presenter of Medicarsafety.com Incorporated's NEMT safety training program is:

- 1). I will meet all the curriculum guidelines set forth in the program.
  
- 2). I will adhere to the requirements set forth by the State of Illinois, **[Administrative Rules and Regulations]** governing this program.
  
- 3). I will make no changes to the program, unless the specific changes have been approved (and/or) initiated by Medicarsafety.com Incorporated

MCS-(TTT-10) TSAF-A1