

## MILITARY TRAINING NETWORK

### PROGRAM ADMINISTRATOR APPOINTMENT FORM

BLS

ALS

PALS

**Instructions:** To be completed then approved by the Program Director. Send a copy of the approved form to the MTN. The Program Director and Program Administrator cannot be the same individual due to the requirement for separation of duties. Refer to your MTN Handbook for more information. **Submit a separate appointment form for each discipline.**

Rank/Name/Title:			
Unit Name:			
Unit Mailing Address: (No PO Boxes)			
Commercial Work Phone:		DSN:	Fax:
Duty E-Mail:		Alternate E-Mail:	
Commercial Command Phone:		DSN:	Fax:

**MTN Program Administrator Commitment:** As an MTN Program Administrator, I agree to conduct and follow the regulations set forth by the Military Training Network and the American Red Cross. I will read the Military Training Network's Administrative Handbook and use it as the primary guide for my program.

**Program Administrator Orientation Conducted on** \_\_\_\_\_

\_\_\_\_\_  
Signature of Program Administrator Candidate

\_\_\_\_\_  
Date

**Program Director:**

I concur and approve this appointment. I verify that an orientation has been conducted per the MTN Administrative Handbook.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Program Director

