

American Red Cross

Central Texas Area Headquarters
2218 Pershing Drive
Austin, Texas 78723
(512) 928-4271
fax - (512) 928-2816

Request for Authorized Provider Agreement

An Authorized Provider is a company, organization, agency or an individual (individuals must show proof of liability insurance) that has a signed Authorized Provider Agreement with a chapter to provide American Red Cross instructional programs in accordance with the standards and objectives of the program they desire to teach. Authorized Providers utilize American Red Cross training programs for two distinct reasons.

1. **To offer the training internally to their own employees, volunteers, or members** to respond to needs such as internal or external regulatory issues, or liability concerns. The training may also provide a benefit to the employee, volunteer, or member. These are referred to by the Red Cross as **“Internal Authorized Providers”**.
2. **To offer the training as a service to the community, clients, or customers.** These are referred to by the Red Cross as **“External Authorized Providers”**.
 - ◆ The most common type of external Authorized Provider, referred to by the Red Cross as an **“External Community Authorized Provider”**, consists of organizations that provide public services as their primary business and may or may not charge a fee for the training.
 - ◆ Another type of external Authorized Provider utilizes Red Cross training as part of their “product line” to customers. This training is a primary function of their for-profit business. These organizations are referred to by the Red Cross as **“External Business Authorized Providers”**.

An approved Authorized Provider Agreement must be on file at your chapter of authorization before you can teach American Red Cross Health & Safety courses as a part of your job. There is no fee, except where noted, to become an Authorized Provider however you will be assessed an Administrative Fee of \$ 8.00 per person (\$ 2.50 per person for Learn to Swim Programs) listed on a course record form submitted for processing. The American Red Cross will also maintain your paperwork for a minimum of 5 years.

Please complete the form below and return it to us. We will then mail, e-mail, or fax a draft Authorized Provider Agreement to your company’s designated contact for review and approval.

Company _____

Address _____

City/State/Zip _____

Designated primary contact for agreement:

Name _____ Title _____

Phone _____ Fax _____ Email _____

Name of Company’s Authorized Agent (with financial signing authority):

Name _____ Title _____

Phone _____ Fax _____ Email _____

Internal Use Only

Draft Sent _____