

STS Trainer & Training Course Approval Application

1) REASON FOR FILING (Mark only one)			
New: <input type="checkbox"/>	Renewal: <input type="checkbox"/>	Update/Change: <input type="checkbox"/>	
2) IDENTIFICATION NUMBER (If already certified)			
MnDOT Trainer #:			
3) NAME OF INSTRUCTOR			
Print Name of Instructor:			
4) PHYSICAL ADDRESS			
Street:	City:	State:	Zip:
5) MAILING ADDRESS			
Street:	City:	State:	Zip:
6) CONTACT INFORMATION			
Phone Number:	Alternate Phone Number:		
Facsimile (Fax) Number:	Email Address:		
7) DO YOU HAVE A SPONSORING INSTITUTION/ENTITES?			
YES: <input type="checkbox"/> NO: <input type="checkbox"/>			
NOTE: If you answered Yes , provide the name and address of that entity (Attach additional sheets if there are more than one supporting entities)			
Name of supporting entity:			
Street:	City:	State:	Zip:
8) CHECK EACH TRAINING COURSE YOU ARE APPLYING FOR:			
First Aid: <input type="checkbox"/>	Passenger Assistance: <input type="checkbox"/>	Child Passenger Restraint System Training: <input type="checkbox"/>	
Abuse Prevention: <input type="checkbox"/>	Stretcher Transportation Assistance: <input type="checkbox"/>	Continuing Education: <input type="checkbox"/>	
Defensive Driving: <input type="checkbox"/>			

9) QUALIFICATIONS

Please detail your qualifications for instructing each course in the applicable section below. (Attach sheets if necessary).

Note: First Aid and Passenger Assistance have specific qualifications standards all other courses must be taught by a person who is knowledgeable in the specific topic of instruction for the course. The qualifications must be documented by specialized training in the subject matter, experience in teaching the subject matter, or experience in working in the subject areas.

COURSE SUBJECT	QUALIFICATION
First Aid (First aid training must be taught by any person who is a licensed physician, registered nurse, licensed practical nurse, a paramedic, an emergency medical technician, a certified first aid instructor, or a physician assistant).	
Defensive Driving	
Abuse Prevention	
Passenger Assistance (Passenger assistance training must be taught by a person who is a licensed physician; registered nurse; registered physical therapist; registered occupational therapist; public health nurse as defined in Minnesota Statutes, section 145A.02, subdivision 18; or other person who has had work experience interacting with people who have disabilities, aging, and communication disorders, and how those disabilities, aging, and communication disorders may affect transportation; or by a team that includes one of those persons).	
Stretcher Transportation Assistance	
Child Passenger Restraint	
Continuing Education	

10) DO YOU HAVE ANY TRAINING OR WORK EXPERIENCE RELEVANT TO THE SUBJECT AREA YOU PROPOSE TO TEACH?

YES: NO:

NOTE: If you answered **Yes**, provide details of that work experience and/or training. (Attach additional sheets if necessary)

Date(s):	State the subject area and a description of the work experience or training:
Date(s):	State the subject area and a description of the work experience or training:
Date(s):	State the subject area and a description of the work experience or training:

Date(s):	State the subject area and a description of the work experience or training:
Date(s):	State the subject area and a description of the work experience or training:

11) **DO YOU HAVE ANY EXPERIENCE TEACHING IN THE SUBJECT MATTER OF ONE OF THE COURSES LISTED ABOVE**
 YES: NO:
NOTE: If you answered **Yes**, provide details of the course/subject area, month, year and location where applicant provided training. (Attach additional sheets if necessary)

SUBJECT AREA:	MONTH/YEAR:	Location:
SUBJECT AREA:	MONTH/YEAR:	Location:
SUBJECT AREA:	MONTH/YEAR:	Location:
SUBJECT AREA:	MONTH/YEAR:	Location:
SUBJECT AREA:	MONTH/YEAR:	Location:

12) **ARE YOU WILLING TO PROVIDE TRAINING TO DRIVERS OF OTHER COMPANIES?** YES: NO:
 In what location(s) will you provide your training (list all geographical locations)? _____

 If yes, may we share your information with others asking about training? YES: NO:

I, the undersigned applicant, do hereby state that the above information is true and correct to the best of my knowledge and belief. An instructor, while certified, must notify the commissioner in writing of any change in the application information.

Print Name: _____ Date: _____

Signature: _____

SPECIAL TRANSPORTATION SERVICE (STS)

TRAINING COURSE REQUIREMENTS

Note: All training courses must include proficiency testing. Courses must be taught in person unless preapproved by the commissioner.

COURSE CONTENTS:

ABUSE PREVENTION training must include instruction in statutes, rules, and applicable procedures relating to:

- A. sexual abuse or misconduct;
- B. the protection of vulnerable adults;
- C. the maltreatment of minors;
- D. the appropriate response to victims of abuse, neglect, maltreatment, or sexual misconduct; and
- E. the reporting requirements for incidents of abuse, neglect, maltreatment, or misconduct.

(minimum 4 hours)

FIRST AID training must include the following topics:

- A. preliminary treatment of shock;
- B. control of bleeding;
- C. airway management;
- D. prevention and treatment of frostbite and exposure to cold;
- E. prevention and treatment of heat exhaustion and heat stroke;
- F. recognition of sudden illness such as stroke, heart attack, convulsions, fainting, and seizures;
- G. recognition of medical complications related to diabetes, hyperglycemia, and hypoglycemia;
- H. mental health first aid, including recognizing signs of a mental health emergency or panic attack; and
- I. when and how to summon emergency medical assistance services.

(Minimum 4 hours)

PASSENGER ASSISTANCE training must include the following topics:

- A. discussion of functional limitations of the aging process and major disabling conditions and how those conditions affect mobility and communication, including:
- (1) speech limitations;
 - (2) balance limitations;

- (3) limb loss and muscle control loss;
- (4) breathing disorders;
- (5) skin sensation loss;
- (6) vision impairments and hearing loss;
- (7) emotional disorders and mental impairments;
- (8) paralysis;
- (9) endurance level diminishment; and
- (10) temperature control loss;

B. description of the uses, functions, and limitations of assistive devices used by the elderly and persons with disabilities and the means of providing assistance to persons using those devices as well as securing those devices and periphery items such as baggage, oxygen tanks, and other medical equipment;

C. discussion of attitudes toward the elderly, children, and persons with mental and physical disabilities, which, when possible, includes the participation of the elderly and persons with disabilities;

D. discussion of strategy and available resources for situations where communications may be limited due to language barriers;

E. discussion of the effect of mobility impairments, medication, mental health, and past experiences on passengers and how to behave in a sensitive and professional manner;

F. discussion, demonstration, and practice by students in methods of:

- (1) handling wheelchairs, including moving wheelchairs up and down steps, curbs, ramps, and lifts;
- (2) folding and unfolding manual wheelchairs; and
- (3) handling wheelchairs on uneven, wet, or icy surfaces;

G. if the service transfers passengers from a wheelchair to a seat, discussion and demonstration of communicating with, moving, lifting, and transferring passengers, including assisted and unassisted transfers, two-handed transfers, and standing transfers;

H. instruction in guidelines for appropriate handling of a vehicle transporting persons with disabilities that includes instruction that passengers may have balance or mobility problems and may not be able to grab railings or brace themselves for sudden stops, sharp turns, or other uneven or abrupt maneuvers;

I. discussion and demonstration of placing the assistive devices, operating the lifts, ramps, and wheelchair securement devices, and using them if the vehicle to be operated is equipped with them;

J. discussion and demonstration of the assistance to be offered to ambulatory passengers, including assistance for standing, sitting, and going up and down steps and curbs;

K. discussion of common assistive devices including:

- (1) manual and electric wheelchairs and electric scooters;
- (2) canes;
- (3) crutches;
- (4) walkers;
- (5) leg braces, prostheses, and slings; and
- (6) guide dogs and other service animals; and

L. discussion of communicating safety concerns related to assistive and mobility devices during transportation.

(Minimum 8 hours)

STRETCHER TRANSPORTATION ASSISTANCE TRAINING - Training must include instruction in the techniques of transporting the elderly and passengers with disabilities who use or require a stretcher for transportation.

(Minimum 2 hours)

CHILD PASSENGER RESTRAINT SYSTEM TRAINING - Training must include instruction in the techniques of the use of child passenger restraint systems and securement of child passengers.

(Minimum 2 hours)

CONTINUING EDUCATION Applications for a continuing education course must include the following information:

- (1) the specific topic of instruction and its relevance to special transportation service;
- (2) a course plan that describes expected outcomes for the participant;
- (3) a written outline of the topics, the total length of instruction, and how much time will be spent on training for each topic during the course; and
- (4) written course materials.