HLTA SPORTS TRAINERS ACCREDITATION DETAILS (Qualifications in pink are compulsory to gain HLTA membership)

CLUB: YEAR:

Name & Position Club Executive:

Signature:

Hairic & Fosition Clab Excedite.		Jigilatai C.	
HLTA Sports Trainer/	NAME:	NAME:	NAME:
Physiotherapist details	Email:	Email:	Email:
	Phone:	Phone:	Phone:
Sports Medicine Australia	Level: Exp date:	Level :	Level :
Sports Trainers Accreditation (3 yrs.)	Accreditation No:	Exp date:	Exp date:
QMP details:	Qualification/details:	Accreditation No:	Accreditation No:
		APA:	APA:
Provide First Aid	RTO:	RTO:	RTO:
HLTAID003	Exp date:	Exp date:	Exp date:
Completed every 3 years	Cert No:	Cert No:	Cert No:
Provide Cardiopulmonary	RTO:	RTO:	RTO:
Resuscitation HLTAID001	Exp date:	Exp date:	Exp date:
Annually or current when	Cert No:	Cert No:	Cert No:
renewing year of PFA or PAR.			
Provide Advanced Resuscitation	RTO:	RTO:	RTO:
HLTAID0015 HLTAID009	Exp date	Exp date	Exp date
Completed every 3 years	Accred/Cert No:	Accred/Cert No:	Accred/Cert No:
Provide Emergency Care for	RTO:	RTO:	RTO:
Suspected Spinal Injury	Date Issued:	Date Issued:	Date Issued:
PUAEME004 Completed Annually	Accred / Cert No:	Accred / Cert No:	Accred / Cert No:
Provide Pain Management	RTO:	RTO:	RTO:
PUAEME005	Date Issued:	Date Issued:	Date Issued:
Completed Annually	Cert No:	Cert No:	Cert No: