



Northern Ohio Chapter

## National Safety Council DDC8 - Ohio *Instructor Trainer Course*

### Approved for Ohio Adult Remedial Classes

The National Safety Council first introduced defensive driving concepts in 1964. DDC has come a long way since then, but the importance of sharing defensive driving principles with all drivers still has not changed. Our master trainers will provide you with the tools and knowledge to become an excellent trainer.

**Training goal:** During this 3-day course, you'll gain the confidence and knowledge to be an effective trainer for our most popular defensive driving course.

### Topics covered in the instructor course include:

- How to get students involved in the course
- How to use course materials • Administrative responsibilities • Adult learning needs
- Developing effective teaching skills • Accident preventability • Driving conditions
- Following distance • Head-on collisions • Intersections • Alcohol and drugs

**Dates: October 22-24, 2014**

**Time:** 8:30 a.m. to 4:30 p.m., 3-day course

**Location:** 25 E. Boardman St. Suite 338, Youngstown, OH 44503

**Course Fee:** \$375/\$490 Member/Nonmember

**Teaching Kit & Lease:** \$730/\$875 Member/Nonmember

**Annual Lease Renewal:** \$450/\$540 Member/Nonmember

**Annual Instructor Renewal:** \$55 Member/Nonmember

**Fax Registration to:** National Safety Council, Northern Ohio Chapter  
**at (330) 747-6141 or Phone (330) 747-8657 or (800) 715-0358**

**Registration Due:** Minimum 2 weeks prior to course date

Person/s Attending: _____
Title _____ NSC Membership ID# _____
Company: _____
Address: _____
City, State & Zip _____
Phone: _____ Fax: _____
E-mail: _____
Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Invoice <input type="checkbox"/> P.O. # _____
Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Card Number: _____ Expire Date: _____
Zip Code of Credit Card Billing Address: _____

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