OFFICIAL APPLICATION FORM

Thank you for your interest in the Department of Defense’s (DoD) Stop the Bleed® trademark licensing program, which is administered by the Defense Media Activity (DMA) Trademark Licensing Office in coordination with DoD’s Combat Casualty Care Research Program.

This application is designed for use by groups that want to obtain a Stop the Bleed (STB) Educational License in order support the campaign and its mission through education and outreach programs. There are two types of licenses. The first one is for use only by non-profit groups that either do not charge for the course or only charge students for the actual cost the organization incurs in offering the course. The second license designed for use by for-profit organizations that intend to make a profit by offering the course. The information you provide in this application form will help us determine which license is appropriate for you organization.

APPLYING FOR A LICENSE

- Please complete the application below and email it to:
  - Ms. Tzipy Fromberg, Trademark Management Specialist, Defense Health Agency (tziporah.f.fromberg.ctr@mail.mil)

STEP TWO: THE LICENSING PROCESS

- If your application is approved, you will be sent a copy our STB Educational License. Non-profit educational licenses normally take about two weeks to process from the time we receive the completed application form. For profit licenses take longer.

- When you receive your license, please examine it to be certain all information is correct. If no changes are needed, send a signed copy of the licensing agreement back to Ms. Fromberg at the address shown above. The licensing agreement will then be countersigned and returned for your records. With the license, you will also be sent a full suite of STB logos and the official STB style guide.

- If you send us any information that you consider to be confidential business information it should be clearly labeled as such. As a government agency, we are subject to FOIA and other types of requests for information. Clear labeling of your confidential information will help us protect it.

STEP THREE: LOGO USAGE.

- IMPORTANT: Please note, this application for is for use only by organizations desiring to use the STB logo in association with their educational or outreach activities in
support of the STOP THE BLEED® program. Organizations wishing to place the official STB logo on an item like T-shirts and stickers to be given away or sold should contact Ms. Fromberg (tziporah.f.fromberg.ctr@mail.mil) and request an application form for an STB promotional license.

APPLICATION

A. ORGANIZATION INFORMATION

Organization Name: ____________________________________________

Other names used by business (subsidiaries, brands, DBAs, etc.): __________

____________________________________________________________________

Division or Department Name: _________________________________________

Phone number: _______________________________________________________

This is a backup number and should not be the same number as shown below. We will only call this number if we can’t reach you at any of the other number listed on this application.

World Wide Web Address: ____________________________________________

Office Address (address to be used on license):

____________________________________________________________________

City

State

Zip/Postal Code

Country

Telephone: _______________ Facsimile: ____________________________

Email: ____________________________

If your organization is incorporated, an LLC or similar organization, in what state is it registered or incorporated?

State of Incorporation: _______________

If you are a non-profit organization, please complete the following:

Type of non-profit organization (check box):

☐ 501(c)(3)
☐ Other: ______________________________

State your organization’s non-profit purpose: ________________________________

________________________________________________________________________

☐ Please check here if your organization is a federal, state or local governmental unit.

B. CONTACT INFORMATION. We periodically send newsletters and other important information about the STB program to our educational licensees to keep them informed about program activities around the country. Towards that end, it is important that we have accurate contact information. We ask that you provide us with a primary and secondary person who we can contact. If this information changes after you complete this application or at any time during the term of your license, please send us updated information so our records can be accurate.

Primary Contact (address to be used on license):

________________________________________________________________________

Name
________________________________________________________________________

Street
________________________________________________________________________

City  State  Zip/Postal Code  Country

Telephone: ____________________  Facsimile: ____________________

Email: _______________________

________________________________________________________________________

Secondary Contact:

________________________________________________________________________

Name
________________________________________________________________________

Street
________________________________________________________________________

City  State  Zip/Postal Code  Country

Telephone: ____________________  Facsimile: ____________________

Email: _______________________

C. TERRITORY. Please state the territory in which you will be offering bleeding control training. The territory should be limited to the city, counties or state(s) where your STB educational program is offered.
D. TYPE OF TRAINING PROVIDED. Please provide the following information.

**Number of Instructors:**  Now: ____________

Goal: ____________ (Number of instructors when program is fully staffed.)

**Students:**

How many students do you anticipate training per year ____________?

Who are your students?

☐ General Public  ☐ Law Enforcement

☐ Other: ________________________________

Are your students expected to have any prior medical training?
Yes: _____  No: _____

If you answered “yes” to the above question, please describe the medical qualifications for your course.
____________________________________

____________________________________

**Class Size:**

What is your desired number of students per instructor? ____________

What is your desired number of students per class? ____________
E. COURSE CURRICULUM. How has the curriculum for your course been developed?

☐ Based on course curriculum developed by the American College of Surgeons.

☐ Base on course curriculum developed by: ____________________________

☐ Curriculum to be developed applicant. Please attach a copy of the course curriculum you have developed.

How long is your typical bleed control class designed to last? ________ (hours)

Does your class offer hands on training in the use of a tourniquet and gauze.

☐ Yes  ☐ No

F. FACULTY/TRAINER QUALIFICATIONS

Please describe in detail the minimum required medical qualifications a person training a STOP THE BLEED® sanctioned bleeding control course will be required to have.

G. ROYALTY FREE EDUCATIONAL LICENSE REQUESTED. If you are a non-profit organization please check the boxes that apply to your organization.

☐ I am requesting a royalty free non-profit license. I hereby affirm that we are a non-profit organization and that:

☐ The course is offered free of charge to all students taking the course.

☐ We are charging each student $ ___________. All student fee will be used to cover our costs incurred in offering the course.

☐ Other. Please state the amount you are charging for the course and how the fees will be used to support your bleeding control program.
H. FOR PROFIT EDUCATIONAL LICENSE REQUESTED. Please complete this section if your organization intends to make a profit from the bleeding control course you will be offering.

Will the full cost of the course be paid by your students?  □ Yes  □ No

If no, please state how the rest of the costs for the course will be paid.

How much is being charged per student to take the course? $ ____________

If the full amount for the course is not being paid by the student, please state the amount the student is paying for the course. $ ____________

PROSPECTIVE LICENSEE STATEMENT

The undersigned hereby affirms that answers to the above questions are true and complete and that all questions have been answered in good faith and to the best of the applicant’s knowledge.

Name of individual supplying information: ________________________________

Title: ________________________________

Signature: ___________________________ Date: ____________

RETURN COMPLETE APPLICATION TO:
(tziporah.f.fromberg.ctr@mail.mil)

STOP THE BLEED® is a registered trademark of the U.S. Department of Defense.