

**American Heart Association Emergency Cardiovascular Care Program  
Instructor Candidate Application**

**Instructions:** To be completed by Instructor candidate with appropriate signatures. Please complete one application for *each* discipline.

Name (with credentials): \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Instructor Course:  BLS  ACLS  PALS

Recommended renewal date of Provider card in discipline in which candidate is seeking Instructor status: \_\_\_\_\_

**Instructor Commitment:** As an AHA Instructor, I agree to teach at least four courses in two years in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

\_\_\_\_\_  
Signature of Instructor Candidate

\_\_\_\_\_  
Date

**TC Alignment:** I approve this application and grant alignment with this Training Center for this applicant. I agree to all responsibilities for this Instructor as outlined in this manual.

Name of Training Center: \_\_\_\_\_

Signature of TC Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Verification of Instructor Potential:** I verify that this Instructor candidate has achieved a score of 84% or higher on the Provider written examination in the discipline for which he/she is applying and has completed at least *one* of the following options:

- Has been identified as having Instructor potential during performance in a Provider Course
- Has demonstrated Instructor potential during a screening evaluation
- Has demonstrated exemplary performance of Provider skills under my direct observation

\_\_\_\_\_  
Signature of TCF/Course Director/Lead Instructor (circle appropriate title)

\_\_\_\_\_  
Date

**American Heart Association Emergency Cardiovascular Care Program  
Instructor Course Completion Notice to Primary TC**

**Instructions:** This form is to be used when an Instructor candidate completes an Instructor Course sponsored by a TC other than his/her primary TC. Upon completion of the Instructor Course the TC Faculty member completes this form and sends it to the candidate's primary TC with originals of the candidate's skills evaluation and written examination. (Copies of originals are to be kept with course records.)

Name of Candidate: \_\_\_\_\_

Discipline:    BLS      ACLS      PALS

This is to confirm that the above-named candidate has successfully completed an Instructor Course sponsored by:

Name of TC: \_\_\_\_\_

TC Site (if applicable): \_\_\_\_\_

Date of course: \_\_\_\_\_      Location: \_\_\_\_\_

Discipline:    BLS      ACLS      PALS

Name of TCF Member: \_\_\_\_\_

Signature of TCF Member: \_\_\_\_\_      Date: \_\_\_\_\_

This form is to be sent to the candidate's primary TC for monitoring and issuance of an Instructor card.

Name/address of Primary TC: \_\_\_\_\_

\_\_\_\_\_

Name of Primary TC Coordinator: \_\_\_\_\_

**American Heart Association Emergency Cardiovascular Care Program  
Instructor Records Transfer Request**

- 1. When a TC agrees to accept an Instructor, the TC Coordinator signs and sends this form to the Instructor.**

Our TC is willing to accept \_\_\_\_\_ as an Instructor at our facility. We agree to keep and maintain all Instructor records in accordance with the TC Agreement.

Signature of TC Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

TC address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- 2. The Instructor completes the following information and sends it to the TC currently holding his/her Instructor records.**

I, \_\_\_\_\_, authorize the transfer of my Instructor records from \_\_\_\_\_ TC to \_\_\_\_\_ TC.

Instructor's home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Check discipline(s) for which you are requesting a records transfer:

BLS  Heartsaver Instructor  ACLS  PALS

- 3. After verifying and completing this form, the Instructor's current TC transfers the Instructor's records to the new TC. All applicable Instructor records as outlined in Chapter 5 of this manual must be transferred.**

The transferring TC must keep copies of all transferred records for 30 days.

- 4. The new TC contacts the Instructor when the transfer is complete.**

- 5. The TC Coordinator from the current TC signs and dates this form when the records have been transferred.**

Signature of TC Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

TC Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**American Heart Association Emergency Cardiovascular Care Program  
 Instructor/TCF Renewal Checklist**

**Instructions:**

This checklist may be used to document successful completion of Instructor/TCF renewal requirements and contact information. It is recommended that the TC keep the completed form in the Instructor's file.

**Instructor/TCF Contact Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Other contact information: \_\_\_\_\_  
 Discipline:  BLS       ACLS       PALS      Instructor card expiration date: \_\_\_\_\_  
 Primary TC (for discipline seeking renewal): \_\_\_\_\_  
 Name of TC Coordinator: \_\_\_\_\_

**Renewal Checklist**

- Provider skills successfully demonstrated      Date: \_\_\_\_\_ Method: \_\_\_\_\_
- Provider examination completed with a score of 84% or higher      Date: \_\_\_\_\_
- Instructor/TCF update(s) attended      Date(s): \_\_\_\_\_
- Instructor/TCF Monitor Form completed successfully      Date: \_\_\_\_\_
- At least four Provider Courses taught in past two years or waiver obtained (see below)
- If applicable (for TCF), one Instructor/Instructor Renewal Course taught in past two years (see below)

**Teaching Activity**

Course Name	Date	Location (TC/Site)	Station/Module
1.			
2.			
3.			
4.			
<b>Instructor/Instructor Renewal Course</b>			
1.			

Additional courses may be attached or listed on the back of this form.

- New Instructor card issued      Date: \_\_\_\_\_
- TCF status maintained      Date: \_\_\_\_\_

**American Heart Association Emergency Cardiovascular Care Program  
Instructor/TCF Teaching Activity Notice to Primary TC**

**Instructions:**

When an Instructor/TCF member teaches a course at a TC other than his/her primary TC, this form is to be completed and sent to the Instructor/TCF member's primary TC. A letter with the same information or a copy of the course roster (without scores) may also meet this requirement.

**Primary TC Information**

Name of TC Coordinator: \_\_\_\_\_

TC Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Instructor/TCF member:  
\_\_\_\_\_

Discipline:  BLS     ACLS     PALS

Instructor card expiration date: \_\_\_\_\_

**Course Information**

**This confirms that the above-named Instructor/TCF member has taught the following course:**

TC sponsoring course: \_\_\_\_\_

Training Site (if applicable): \_\_\_\_\_

Date of course: \_\_\_\_\_ Location: \_\_\_\_\_

Type of course taught: \_\_\_\_\_

Modules/stations taught: \_\_\_\_\_

Name of Course Director/Lead Instructor: \_\_\_\_\_

Signature of Course Director/Lead Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

**American Heart Association Emergency Cardiovascular Care Program  
Training Center Faculty (TCF) Candidate Application**

**Instructions:** To be completed by TCF candidate with appropriate signatures.

Name (with credentials): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Expiration date of BLS Instructor card: \_\_\_\_\_

Letter of recommendation from Regional or TCF member attached

**Training Center Faculty Commitment:** As a Training Center Faculty member, I agree to teach at least four Provider Courses in two years plus one Instructor Course and to monitor Instructors/Instructor candidates/Course Directors in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

\_\_\_\_\_  
Signature of Training Center Faculty Candidate

\_\_\_\_\_  
Date

**TC Alignment:** I approve this application and have provided documentation that the candidate has been an Instructor for a minimum of two years or has taught a minimum of eight courses with positive evaluations by students. I grant alignment with this Training Center for this applicant and agree to all responsibilities for this Training Center Faculty member as outlined in this manual.

Name of Training Center: \_\_\_\_\_

Signature of TC Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_