

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

Instructions:

When an Instructor teaches a course at a TC other than his/her primary TC, this form is to be completed and sent to the Instructor'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: _____

E-mail: _____

Name of Instructor: _____

Discipline: BLS ACLS PALS

Instructor Card Expiration Date: _____

Course Information

This is to confirm that the above-named Instructor has taught the following course:

TC Sponsoring Course: _____

Training Site (if applicable): _____

Date of Course: _____ Location: _____

Type of Course taught: _____

Modules/Stations Taught by Instructor: _____

Name of Course Director/Lead Instructor: _____

Signature of Course Director/Lead Instructor: _____ Date: _____