

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: _____

E-mail: _____

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 90% 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 TC Faculty/Course Director/Lead Instructor or BLS IT (circle appropriate title)