

American Heart Association Emergency Cardiovascular Care Programs

Instructor Candidate Application

Instructions: To be completed by the instructor candidate with appropriate signatures. Complete 1 application for each discipline.

Application for Instructor Status: Select the discipline you are applying for (select only 1):

- ☐ Heartsaver® ☐ BLS ☐ ACLS ☐ ACLS EP ☐ PALS ☐ PEARS®
☐ ASLS

Renewal date of provider card: _____

Candidate's name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

AHA Current Instructor Status: Only complete this section if you have a current AHA instructor card.

I am applying for URMTC TC to become: ☐ My primary TC ☐ A secondary TC

Select the discipline you are applying for (select only 1):

- ☐ Heartsaver® ☐ BLS ☐ ACLS ☐ ACLS EP ☐ PALS ☐ PEARS®
☐ ASLS

AHA Instructor Number: _____

Renewal date of instructor card: _____

Email associated with AHA Atlas Account: _____

Has your instructor card ever been suspended or revoked? ☐ NO ☐ Yes If yes, please explain why.

Primary Training Center: _____ TC ID# _____

TC Contact: _____ Email: _____ Phone: _____

I acknowledge URMTC TC will contact my Primary Training Center to verify my instructor status. _____
(Candidates Initials)

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Instructor Commitment: As an AHA Instructor, I agree to

- ☐ Teach at least 4 courses in 2 years in accordance with the guidelines of the AHA
- ☐ Maintain a current provider card
- ☐ Strengthen and support the Chain of Survival and the mission of the AHA in my community
- ☐ Conduct myself in accordance with the ECC Leadership Code of Conduct
- ☐ Avoid any perception of conflict of interest in accordance with the AHA Statement of Conflict of Interest

Instructor Experience: I am also a certified instructor for the following organizations and subjects.

I understand that any falsified information on this application will result in the revocation of my instructor alignment. Completing and submitting this application does not make any representation of being accepted as an instructor at the URMCAHA Training Center.

Signature of instructor candidate: _____ Date: _____



Instructor Candidate stop here.

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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 or she is applying and has completed *at least 1* 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: _____ Date: _____
(circle appropriate title)

TC Alignment and Instructor Network Verification: TC Coordinator of aligning TC has verified the following:

- ☐ I approve this application and grant alignment with this TC for this applicant. I agree to all responsibilities for this instructor as outlined in the current *Program Administration Manual*.
- ☐ I verify that this instructor is registered on the Instructor Network and has been approved as an instructor in this discipline and is aligned with this TC.

Instructor ID #: _____ Renewal Date: _____

TC Name: _____ TC ID #: _____

Signature of TC Coordinator: _____ Date: _____