

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. - Proceed to page 4 - Instructor Agreement

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Instructor Candidate Application

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: _____



Secondary Training Center AHA Instructor Alignment Agreement

As a *University of Rochester Medical Center* AHA Training Center (known as “TC” from here on) Aligned Instructor, I agree to:

I agree to align/affiliate with the TC as a secondary alignment and abide by any of the training center's policies and procedures.

I will adhere to the guidelines, curricula, and performance standards of the American Heart Association (AHA) as outlined in the Program Administration Manual (PAM), Instructor Manuals, and associated provider manuals.

I agree to remain as an instructor in good standing with my current Primary Training Center.

Primary Training Center: _____ TC ID# _____

TC Contact: _____ Email: _____ Phone: _____

I will notify the TC in writing within 7 days if my Primary TC changes or I become unaligned with the TC listed above.

I acknowledge this secondary alignment agreement does not guarantee that I would be accepted by the TC for primary alignment.

I understand that I will be monitored for instructor competency via a written exam, a skills demonstration, and a teaching episode to maintain my secondary alignment. This is done, at a minimum, every two years before my expiration date.

I understand that the TC may send faculty to audit any scheduled classes with or without my prior knowledge.

I agree to attend all updates, Instructor Renewal courses, or any other informational sessions deemed necessary by the TC. If I do not attend these updates, I understand that my instructorship will become inactive and that I cannot teach or submit rosters until all requirements are met.

I will purchase Provider and Instructor materials for each AHA discipline I teach within 30 days of the new update.

I understand that if/when I am teaching directly for the TC, those clients are clients of the TC. I will not solicit their business, hand out my personal information, flyers, business cards or advertisements. I will not compete, expressly or implicitly, with the TC. The following is considered exclusive territory of the TC and I will not pursue or hold courses for or at: URM Strong Memorial Hospital, UofR River Campus, UofR School of Nursing, Medicine, Dental, Flaum Eye Institute, or UofR Imaging all locations. If I am contacted by anyone from the TC territory, I refer them to the TCC.

I understand that my instructor status may be deactivated from the TC if, at any time, I disregard the policies, procedures, or standards of the AHA or the TC.

I will refrain from engaging in activities that conflict with the goals of the AHA and I will always represent the AHA professionally.

I will update my account on the AHA Instructor Network as needed and will notify the TC of any changes in my address, telephone number, and email address within 30 days.

I accept that as an American Heart Association (AHA) Instructor, part of my responsibilities is monitoring AHA courses for quality assurance. If any AHA course I'm assisting with, teaching, observing, or attending does not meet the core curriculum of that AHA course, I will work with the lead instructor to help bring the course into compliance with AHA standards. If the core curriculum has not been met at the end of the course, or I do not feel comfortable working with the lead instructor, I will contact the Training Center Coordinator within 24 hours to discuss my concerns.

I will notify the TC at least 48 hours before the start time for all AHA Courses I am the lead instructor for and will provide the following information: course type, course date, start time, approximate number of students, assisting instructors, and course location.

When submitting paperwork to the TC, I agree to only use the currently approved forms. I understand if any submitted documentation is incomplete, the TC will return the documents for correction. Current versions of all forms can be found on the URM AHA Instructor Portal.

All course videos, course materials, course formats, course testing, and equipment must meet the AHA's current requirements as outlined in the program administration manual. Adult and Infant manikins must measure and provide real-time audio or visual feedback (or both) on compression rate and depth.

As an American Heart Association (AHA) Instructor, I understand the necessity of maintaining the security of the written examinations. I agree that I will be solely responsible for all AHA exams in my possession. I understand that I may copy exams as necessary to conduct courses and will administer these exams in a proctored setting. I will ensure that any paper and/or electronic copies of AHA exams are stored securely, and I will return all paper and electronic copies to the TC

immediately upon request. I further understand that failure to adhere to this policy may result in the deactivation of my instructor affiliation with the TC.

I will submit all completed course documentation to the TC within 7 business days of course completion. Course documentation includes, but is not limited to:

Required for ALL AHA Programs		
<p>Completed Course Roaster signed by the lead instructor. Must list all co-instructors so they receive instructor credit towards recertification.</p> <p>Proof of valid instructor card for any co-instructor not aligned with TC.</p>		
BLS Provider		
BLS Course	BLS Renewal	HeartCode BLS
<p>Corrected student written exam answer sheet (score of 84% or higher).</p> <p>Completed Skills Testing Checklist for each student.</p>	<p>Proof student has a valid AHA BLS Provider card or it has not been expired for more than 30 days before course date.</p> <p>Corrected student written exam answer sheet (score of 84% or higher).</p> <p>Completed Skills Testing Checklist for each student.</p>	<p>HeartCode BLS Certificate of Completion of online work. Completion Certificate will not be accepted if issued more than 90 days before skills exam.</p> <p>Completed Skills Testing Checklist for each student.</p>
Heartsaver		
First Aid / CPR First Aid CPR AED Pediatric	Family & Friends or Bloodborne Pathogens	K – 12 Schools
<p>Corrected student written exam answer sheet (score of 84% or higher), if given.</p> <p>Completed Skills Testing Checklist for all modules for each student.</p>	<p>List any non-AHA Instructors who assisted with teaching the course on the course roster under assisting instructors. Include any licenses or certificates the person may have. For example, John Smith – EMT.</p>	<p>The lead instructor must provide a letter of validation if the course is not held at a state accredited school.</p> <p>Corrected student written exam answer sheet (score of 84% or higher), if given.</p> <p>Completed Skills Testing Checklist for all modules for each student.</p>

Course completion cards will not be issued until all documentation is completed, submitted, and approved by the TC, along with any necessary payment.

I will maintain course records for each course taught, including course rosters, skills session checklists, individual course evaluations (or a summary), and dispute resolutions. Course documents must be retained in hard copy or digital format for three years.

I understand that any falsified records will result in the revocation of my instructor alignment.

I understand University of Rochester Medical Center AHA Training Center has the right to revoke my Instructor Alignment if AHA guidelines are not followed or for any Instructor who fails to honor any part of the Agreement. I understand that the University of Rochester Medical Center AHA Training Center reserves the right to monitor my teaching at any time as a quality assurance protocol.

I agree to the above terms required to align with the *University of Rochester Medical Center AHA Training Center* as an AHA Instructor.

Signature

Date

Print Name

TC Approval: YES NO Date: _____ TCC/Administrator Signature: _____