

**American Heart Association Emergency Cardiovascular Care Programs**

**Training Faculty Candidate Application**

*Instructions: To be completed by the Training Faculty (TF) candidate with appropriate signatures.*

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

Instructor ID #: \_\_\_\_\_ Expiration date of instructor card: \_\_\_\_\_

Discipline: ☐ BLS ☐ ACLS ☐ PALS ☐ ASLS

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

☐ Letter of recommendation from TF member is attached.

**TF Commitment:** As a TF member, I agree to

- ☐ Teach at least 4 provider courses in 2 years
- ☐ Teach 1 instructor course in 2 years
- ☐ Monitor instructors/instructor candidates/Course Directors in accordance with the guidelines of the AHA
- ☐ 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

Signature of TF candidate: \_\_\_\_\_ Date: \_\_\_\_\_

**TC Alignment:** I approve this application and grant alignment with this TC for this applicant and agree to all responsibilities for this TF member, as outlined in the current *Program Administration Manual*.

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

TC ID #: \_\_\_\_\_

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