



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[®]

Renewal date of provider card: _____

Candidate's name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

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

Signature of instructor candidate: _____ Date: _____

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 Training Center (TC) Faculty/Course Director: _____
(circle appropriate title)

Date: _____

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: Allied 100, LLC TC ID #: WI20877

Signature of TC Coordinator:  Date: 1/21/2020