

American Heart Association Emergency Cardiovascular Care Programs Instructor Records Transfer Request

Instructions: When an instructor wants to transfer to a different Training Center (TC), this form must be completed by the instructor, the transferring TC Coordinator (TCC) and the accepting TCC. The transferring TCC returns the completed form with the instructor's records to the accepting TCC. The accepting TCC contacts the instructor when the transfer is complete.

SECTION 1: To be completed by the TCC of the accepting TC and sent or given to the transferring instructor. Our TC is willing to accept the instructor named below as an instructor at our TC. Instructor's name: ______ Instructor ID#: _____ We agree to keep and maintain all instructor records in accordance with our TC Agreement with the AHA and the *Program Administration Manual*. TC name: Allied 100, LLC TC address: 1800 US Hwy 51 North City: Woodruff State: WI Zip code: 54568 Phone: 800-277-8269 Signature of TCC: Date: 7/26/2022 **SECTION 2:** To be completed by the instructor who is transferring and sent or given to the transferring TCC. from TC name: ______ TC ID#: _____ to TC name: _____TC ID#: _____ Instructor's home address: _____ City: _____ State: _____ Zip code: ____ Home phone: _____ Work phone: _____ **SECTION 3:** To be completed by the current TCC and sent with the records being transferred. Note: All applicable instructor records, as outlined in the Program Administration Manual, must be transferred. The transferring TC must keep copies of all transferred records for 3 years. TC name: ______ TC ID#: _____ TC address: _____ City: _____ State: ____ Zip code: ____ Phone: ____

Signature of TCC: ______ Date: _____