



**American Heart Association Emergency Cardiovascular Care Programs
Instructor Candidate Application**

Instructions: To be completed by the instructor candidate with appropriate signatures. Please complete one (1) application for *each* discipline.

Name (with credentials): _____

Mailing address: _____

Phone: _____ Fax: _____ Email: _____

Type of instructor course: HS BLS ACLS PALS

Recommended renewal date of provider card in discipline in which candidate is seeking instructor status: _____

Instructor Commitment: As an AHA Instructor, I agree to teach at least 4 courses in 2 years in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

Signature of Instructor Candidate

Date

TC Alignment: I approve this application and grant alignment with this Training Center for this applicant. I agree to all responsibilities for this instructor as outlined in this manual.

Name of Training Center: _____

Training Center ID#: _____

Signature of TC Coordinator: _____ 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 TCF/Course Director (circle appropriate title)

Date

