Instructions for completing the ACLS Instructor Candidate Application

◯ Complete the top portion of the application with all requested information.

◯ Commitment: Sign the instructor commitment section

◯ Alignment: Locate and contact the AHA Training Center that you would like to teach/align with. In accordance with AHA policies, you MUST align with a training center PRIOR to becoming an instructor. YOU must contact the Training Center Coordinator that you wish to align with, ask their permission to join their training center and attain their approval. YOU must have this form signed by them!

Ⓥerification: YOU must have the individual that conducted your ACLS Provider course sign this section to verify that you performed to the standards of the AHA. If you cannot locate your instructor, you may utilize a supervisor or manager that can verify the information on the form.

All 3 signatures MUST appear on your application when registering for the course!

__DO NOT SUBMIT THIS FORM OR REGISTER FOR THE COURSE UNTIL IT IS COMPLETE!__

Incomplete registrations will NOT be accepted and will be returned; participant will not be enrolled in the course.

American Heart Association Emergency Cardiovascular Care Programs
Instructor Candidate Application

Instructions: To be completed by the instructor candidate with appropriate signatures. Please complete 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