American Heart Association Emergency Cardiovascular Care Program

Instructor Candidate Application

Instructions: To be completed by Instructor candidate with appropriate signatures. Please complete one application for *each* discipline. A letter of recommendation needs to accompany this candidate application or a Course Director/Lead Instructor/TCF needs to sign off in the box at the bottom of this form to verify that you have instructor potential. Once you are approved, you will be confirmed to take the course.

Name (with credentials):_____

Mailing address:_____

_____

Phone:_____ Fax: _____

Email:_____

LifeTek, Inc.

Type of Instructor Course: □ 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 four courses in two 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: _____

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/she is applying and has completed at least *one* 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/Lead Instructor (circle appropriate title) Date