American Heart Association®

Fighting Heart Disease and Stroke

American Heart Association Emergency Cardiovascular Care Program
Instructor/IT Course Completion Notice to Primary TC

Instructions: This form is to be used when an Instructor/IT candidate completes an Instructor/IT Course sponsored by a TC other than the candidate's primary TC. Upon completion of the Instructor/IT Course, the Course Director is to complete this form and send it to the candidate's primary TC, with originals of the candidate's skills evaluation and written examination. (Copies of originals are to be kept with course records.)

Name of Candidate: _____

Discipline: BLS   ACLS   PALS

This is to confirm that the above-named candidate has successfully completed an Instructor/IT Course sponsored by:

Name of TC: _____

TC Site (if applicable): _____

Date of Course: _____   Location: _____

Discipline: BLS   ACLS   PALS

Name of Course Director: _____

Signature of Course Director: _____ Date: _____

This form is to be sent to the candidate's primary TC for monitoring and issuance of an Instructor card.

Name/Address of Primary TC: _____

_____

Name of Primary TC Coordinator: _____