

SOUTHEAST COMMUNITY TRAINING CENTER
1571 JIMBO ROAD
WEBB, ALABAMA 36376
(334) 797-4956

PLEASE PRINT ALL INFORMATION CLEARLY:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ WORK PHONE : () _____

EMAIL ADDRESS: _____ @ _____

AMERICAN HEART ASSOCIATION STATUS
(PLEASE CHECK THOSE WHICH APPLIES)

- () BASIC LIFE SUPPORT () Heartsaver Only
() ADVANCE LIFE SUPPORT () PEDIATRIC LIFE SUPPORT

PLEASE CHECK ONLY ONE WHICH APPLIES TO YOU.

() I CERTIFY THAT I AM A VOLUNTEER AHA INSTRUCTOR REQUESTING AFFILIATION WITH SECTC AND DO NOT CHARGE FOR SERVICES. ANY AHA MATERIALS FOR THE COURSE WILL BE PASSED ON TO THE STUDENT AT THE PRICE I PURCHASED THE MATERIALS. I AM A NON-PROFIT AHA INSTRUCTOR.

() I CERTIFY THAT I AM A VOLUNTEER AHA INSTRUCTOR REQUESTING AFFILIATION WITH SECTC AND DO CHARGE FOR MY SERVICES. I UNDERSTAND THAT I MUST HAVE A TRAINING SITE AGREEMENT SIGNED WITH SECTC AND REQUIRED TO CARRY \$300,000.00 LIABILITY INSURANCE. FAILURE TO HAVE SAID INSURANCE WILL RESULT IN IMMEDIATE TERMINATION OF MY AFFILIATION WITH SECTC.

() I CERTIFY THAT I AM A VOLUNTEER AHA INSTRUCTOR WHO TEACHES FOR _____ TRAINING SITE, WHO HAS A SIGNED TRAINING SITE AGREEMENT AND I AM COVERED UNDER SAID TRAINING SITE'S LIABILITY INSURANCE POLICY.

I UNDERSTAND THAT SECTC ASSUMES NO RESPONSIBILITY FOR MY ACTIONS WHILE TEACHING COURSES.

INSTRUCTOR SIGNATURE: _____ DATE: _____

TC FACULTY: _____ DATE: _____

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611 Jones Rd
Newton AL 36352
(334) 797-4956

INSTRUCTOR INFORMATION SHEET:

LAST NAME	FIRST NAME	MIDDLE INITIAL	TITLE
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AHA ID		DOB	
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HOME ADDRESS	()	HOME PHONE	
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CITY	()	CELL PHONE	
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STATE/ZIP	()	FAX	
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EMPLOYER		EMAIL ADDRESS	
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EMPLOYER'S ADDRESS	()	WORK PHONE	
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CITY/STATE/ZIP	()	WORK CELL	
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SIGNATURE		DATE	
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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.

Name (with credentials): _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____

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 90% 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 TC Faculty/Course Director/Lead Instructor or BLS IT (circle appropriate title)

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LETTER OF AGREEMENT:

THIS AGREEMENT IS EXECUTED BETWEEN SOUTHEAST COMMUNITY TRAINING CENTER (SECTC) AND _____, THE INSTRUCTOR. THE INSTRUCTOR AGREES TO FOLLOW THE ADMINISTRATIVE POLICIES ESTABLISHED BY SECTC AND THE AMERICAN HEART ASSOCIATION (AHA) AS ADMINISTERED BY SECTC.

THESE ARE INCLUDED BUT NOT LIMITED TO:

1. THE INSTRUCTOR WILL, IN CONNECTION WITH A TRAINING SITE:

- a. PERFORM ALL RESPONSIBILITIES AS STATED IN THE CORRESPONDING INSTRUCTOR'S MANUAL.
- b. HAVE A FIRM WORKING KNOWLEDGE OF THE CURRENT PROVIDER COURSE MATERIALS, WHICH IS MAINTAINED BY TEACHING ON A REGULAR BASIS AND ATTENDING INSTRUCTOR UPDATES AS REQUIRED.
- c. MAINTAIN AN IN-DEPTH KNOWLEDGE OF ADULT AND/OR PEDIATRIC EMERGENCYCARDIOVASCULAR CARE.
- d. INSTRUCT STUDENTS CONCERNING THE OBJECTIVES OF THE ENTIRE PROGRAM AND EVALUATE EACH STUDENT'S PROGRESS TOWARD THOSE OBJECTIVES.
- e. TRAIN PROVIDER CANDIDATES ACCORDING TO AHA GUIDELINES.
- f. MAINTAIN UP TO DATE KNOWLEDGE OF EACH PROGRAM DISCIPLINE IN ACCORDANCE WITH THE CURRENT INSTRUCTOR'S MANUAL AND AHA GUIDELINES.
- g. TEACH AT LEAST TWO (2) COURSES PER YEAR. BASIC LIFE SUPPORT (BLS) INSTRUCTORS MUST TEACH AT LEAST TWO (2) COURSES OF AT LEAST FIVE (5) STUDENTS PER YEAR. ADVANCE CARDIOVASCULAR LIFE SUPPORT (ACLS) INSTRUCTORS WILL PARTICIPATE IN AT LEAST TWO (2) COURSES PER YEAR (MINIMUM OF FOUR (4) HOURS PER COURSE).
- h. IF TEACHING FOR MORE THAN ONE (1) TRAINING CENTER, (TC), THE

INSTRUCTOR MUST SUBMIT COURSE ROSTERS REGARDING TRAINING ACTIVITIES TO THE PRIMARY TC. SEND APPROPRIATE PAPERWORK ON INSTRUCTOR STATUS TO PRIMARY TC WITH A SIGNATURE ON LETTERHEAD FROM THE TRAINING SITE WITH COURSE DATE.

- i. MAINTAIN TC'S EQUIPMENT PROPERLY, IF APPLICABLE AND RETURN EQUIPMENT PROMPTLY AFTER EACH COURSE COMPLETION.
- j. SUBMIT COURSE ROSTERS WITHING 15 DAYS OF COURSE COMPLETION.
- k. CONDUCT ALL COURSES IN ACCORDANCE WITH AHA POLICY, UTILIZING APPROPRIATE AHA TEXT AND INSTRUCTOR MATERIALS.
- l. DECONTAMINATE MANIKINS IN ACCORDANCE WITH MANUFACTURER'S DIRECTIONS AND CDC GUIDELINES.
- m. ATTEND ANNUAL UPDATES AND TEACH THE REQUIRED MINIMUM NUMBER OF COURSES.
- n. BE MONITORED IN AT LEAST ONE (1) COURSE EVERY TWO (2) YEARS.
- o. INSTRUCTORS WILL SUBMIT ALL COURSE COMPLETION PAPERWORK. ALL FEES ARE DUE ONCE COURSE PAPERWORK IS ENTERED INTO THE COMPUTER. INVOICES PRINT AT THE END OF COURSE PAPERWORK.
- p. COURSE ID NUMBER AND INVOICE NUMBER ARE ONE AND THE SAME.

2. THIS AGREEMENT WILL BEGIN ON THE DATE SIGNED BY SECTC AND CONTINUE UNTIL TERMINATED BY EITHER PARTY GIVING WRITTEN NOTICE TO THE OTHER PARTY.

3. THIS AGREEMENT MAY BE TERMINATED, AMENDED OR SUPPLEMENTED FROM TIME TO TIME. ALL PARTIES INVOLVED WILL RECEIVE AN UPDATED VERSION, IF TERMINATION IS IN PROGRESS, ANY COURSES BEING TAUGHT MAY BE CONTINUED UNTIL THAT SAID COURSE IS COMPLETE UNDER THIS AGREEMENT.

I DO HEREBY AGREE TO THE FOLLOWING REQUIREMENTS OF AHA AND SECTC.

SIGNATURE: _____ DATE: _____

PLEASE CHECK ALL THAT APPLY:

() Heart saver Only () BLS INSTRUCTOR () ACLS () PALS