

SOUTHEAST COMMUNITY TRAINING CENTER

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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SOUTHEAST COMMUNITY TRAINING CENTER
1571 Jimbo Road
Webb, Alabama 36376
(334) 797-4956

STATEMENT OF UNDERSTANDING:

DURING THE PERIOD IN WHICH YOU SERVE AS AN INSTRUCTOR, TRAINING CENTER FACULTY AND/OR REGIONAL FACULTY OF THE AMERICAN HEART ASSOCIATION, YOU UNDERSTAND AND AGREE TO BUT ARE NOT LIMITED TO THE FOLLOWING REQUIREMENTS:

1. USE AHA MATERIALS AND CONTENT AS CORE CURRICULUM WHEN TEACHING AHA ECC PROGRAMS.
2. EVALUATE ALL STUDENTS BY AHA STANDARDS AND GUIDELINES.
3. ARRANGE FOR AND/OR COORDINATE AHA ECC COURSES AS REQUIRED OR REQUESTED TO FURTHER THE AHA'S ECC MISSION AND CHAIN OF SURVIVAL INITIATIVES.
4. DISSEMINATE APPROPRIATE INFORMATION CONCERNING NEW TECHNIQUES TO ENSURE QUALITY CONTROL.
5. ATTEND A FACULTY FORUM OR REGIONAL UPDATE EVERY TWO (2) YEARS. (FOR REGIONAL FACULTY ONLY)
6. TEACH THE REQUIRED NUMBER OF COURSES EACH YEAR PER AHA GUIDELINES. (IF YOU HAVE PROBLEMS SCHEDULING COURSES, PLEASE CONTACT SECTC)
7. SUBMIT ALL REQUIRED PAPERWORK.
8. REFRAIN FROM ENGAGING IN ACTIVITIES THAT ARE IN CONFLICT WITH THE GOALS OF AHA.
9. REPRESENT THE AHA IN A PROFESSIONAL AND DIGNIFIED MANNER AT ALL TIMES.
10. ATTEND UPDATED AND/OR MEETINGS CONCERNING SECTC.
11. ALL MANIKINS MUST BE CLEANED USING CDC STANDARDS (ALSO FOLLOW MANIKIN CARE INSTRUCTIONS).

I UNDERSTAND AND AGREE TO THE ABOVE TERMS DURING MY APPOINTMENT TO THE POSITION INWHICH I SERVE. I UNDERSTAND THAT NOT FOLLOWING ANY ONE OF THESE REQUIREMENTS MAY RESULT IN TERMINATION WITH SECTC.

SIGNATURE: _____ DATE: _____

PRINT: _____ DATE: _____

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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 EMERGENCY CARDIOVASCULAR 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

American Heart Association Emergency Cardiovascular Care Program Instructor Renewal Checklist

Instructions:

This checklist may be used to document successful completion of Instructor renewal requirements and contact information. It is recommended that the TC keep the completed form in the Instructor's file.

Instructor Contact Information

Name: _____
 Address: _____
 Phone: _____ Fax: _____
 E-mail: _____
 Other Contact Information: _____
 Discipline: ☐ BLS ☐ ACLS ☐ PALS Instructor Card Expiration Date: _____
 Primary TC (for discipline seeking renewal): _____
 Name of TC Coordinator: _____

Renewal Checklist

- ☐ Provider skills successfully demonstrated Date: _____ Method: _____
- ☐ Provider examination completed with a score of 90% or higher Date: _____
- ☐ Instructor update(s) attended Date(s): _____
- ☐ Instructor Monitor Form completed successfully Date: _____
- ☐ At least four Provider Courses taught in past two years or waiver obtained (see below)

Teaching Activity

Course Name	Date	Location (TC/Site)	Station/Module
1.			
2.			
3.			
4.			

Additional courses may be attached or listed on the back of this form.

☐ New Instructor Card issued Date: _____

American Heart Association Emergency Cardiovascular Care Programs Instructor Monitoring Tool

Name of Instructor or Instructor Candidate: _____

Instructor ID#: _____

Type of Course Monitored: ☐ HS ☐ BLS ☐ ACLS ☐ ACLS EP ☐ PALS ☐ PEARS

Instructions: Training Center Faculty (TCF) will use this form to assess the competencies of instructor candidates and renewing instructors. For each competency, there are several indicators or behaviors that the instructor may exhibit to demonstrate competency.

Key:

Successful = Observed successful demonstration of this behavior

Needs Remediation = Observed the instructor fail to effectively or consistently demonstrate behavior

Bold Items = Must be successfully demonstrated during monitoring

Nonbold Items = Marked if observed during monitoring

Shaded Items = Best assessed by TC Coordinator or others outside the course monitoring

AHA Instructor Competencies and Indicators		
1. ECC/AHA Cognitive and Psychomotor Skills		
Definition (Goal): Maintains proficiency in provider-level cognitive and psychomotor skills; fulfills requirements for initial or renewal instructor certification	Successful	Needs Remediation
a. Demonstrates proficiency in provider-level skills		
b. Teaches at least the minimum number of classes per cycle		
c. Completes the required provider and instructor updates		
d. Achieves satisfactory rating during instructor monitoring		
	<i>Overall recommendation at end of form</i>	
2. Course Delivery		
Definition (Goal): Presents AHA course content as intended by using AHA course curricula and materials	Successful	Needs Remediation
a. Delivers content that is consistent with Lesson Maps and agenda		
b. Uses videos, checklists, equipment, and other tools as directed in the Instructor Manual		
c. Allows adequate time for content delivery, skills practice, and debriefing		
d. Promotes retention by reinforcing key points		
e. Delivers course in a safe and nonthreatening manner		
f. Provides precourse instructions and resources to students before the course		
g. Relates course material to practical events		
h. Effectively operates technology used in the course		
i. Adapts terminology appropriate to location, audience, and culture		
j. Provides timely and appropriate feedback to students		
k. Secures and protects testing materials		

3. Testing and Remediation Definition (Goal): Measures students' skills and knowledge against performance guidelines and provides remediation when needed to consolidate learning	Successful	Needs Remediation
a. Tests students by using AHA course materials according to instructions in the Instructor Manual		
b. Provides feedback to students in a private and confidential manner (observation and review of students' course evaluation forms)		
c. Remediates by directing students to reference material and by providing additional practice opportunities		
d. Retests students when indicated		
e. Facilitates debriefings after scenarios to improve individual and team performance		
4. Professionalism Definition (Goal): Maintains a high standard of ethics and professionalism when representing the AHA	Successful	Needs Remediation
a. Endorses the ECC Leadership Code of Conduct		
b. Acknowledges the AHA Statement of Conflict of Interest		
c. Demonstrates professional behavior in physical presentation and teaching, including enthusiasm, honesty, integrity, commitment, compassion, and respect		
d. Follows HIPPA, FERPA, and/or local guidelines maintaining confidentiality		
e. Recognizes and appropriately responds to ethical issues encountered in training		
f. Appropriately manages conflicts of interest		
g. Maintains student confidentiality when appropriate (observation and review of students' course evaluation forms)		
5. Program Administration Definition (Goal): Successfully manages available resources, including time, materials, space, and budget, to deliver high quality training in accordance with AHA guidelines	Successful	Needs Remediation
a. Completes postcourse records, including an accurate roster, grade report, and summary evaluation		
b. Complies with the current, appropriate version of the <i>Program Administration Manual (PAM)</i>		
c. Ensures that AHA course completion cards are issued in a timely manner		

Comments: _____

Recommend Instructor Status: ☐ Yes ☐ No

Date: _____

TCF Name: _____

TCF Signature: _____

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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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: _____