

American Heart Association®



Fighting Heart Disease and Stroke

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:
Street, City, State and Zip

Phone:
Example: (334)-797-4956

Fax:
Example: (334)-797-4956

E-mail:

Place an X in each box that applies

Discipline: HeartSaver BLS ACLS PALS

Instructor Card Expiration Date:

Primary TC (for discipline seeking renewal): Name of TC Coordinator: **Southeast Community Training Center**

Renewal Checklist

Provider skills successfully demonstrated Date:

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

**Teaching Activity may be viewed on Ultimate Training Center Manager.
Please attach Four (4) Course Rosters in the pdf**

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

New Instructor Card issued Date: