

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:	
Work Phone:	Fax:
Home Phone:	Fax:
E-mail:	
Fax:	
Employer:	
Type of Instructor Course: \square BLS \square ACLS \square 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: