

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: _____

Mailing Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Best number to contact you at: _____

E-mail: _____

Other Contact Information: _____

Discipline: BLS ACLS PALS Instructor Card Expiration Date: _____

Primary TC (for discipline seeking renewal): IREMSC

Name of TC Coordinator: David Rockney

Renewal Checklist

Provider skills successfully demonstrated or has a current provider card. Date: _____

Provider examination completed with a score of 84% or higher or
 has a current provider card. 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.

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: _____