

## 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: \_\_\_\_\_