

Revised: October 2022

American Heart Association Emergency Cardiovascular Care Programs

Instructor Candidate Application

Instructions: To be completed by the instructor candidate with appropriate signatures. Complete 1 application for each discipline.

Application for Instructor Status : Select the discipline you are applying for (select only 1):								
	Heartsaver [®]	□BLS	□ ACLS	☐ ACLS EP	□ PALS	\square PEARS®		
	ASLS							
Renewal date of provider card:								
Candidate's name:								
Mailing address:								
City:			State:		Zip code:	<u> </u>		
Phone:		Emai	1:					
Instructor Commitment: As an AHA Instructor, I agree to								
	☐ Teach at least 4 courses in 2 years in accordance with the guidelines of the AHA							
	☐ Maintain a current provider card							
☐ Strengthen and support the Chain of Survival and the mission of the AHA in my community								
☐ Conduct myself in accordance with the ECC Leadership Code of Conduct								
☐ Avoid any perception of conflict of interest in accordance with the AHA Statement of Conflict of Interest								
Signatu	re of instructor	candidate:		Date:				
Verification of Instructor Potential: I verify that this instructor candidate has achieved a score of 84% or higher on the provider written examination in the discipline for which he or she is applying and has completed <i>at least 1</i> of the following options:								
	Has been iden	tified as having	g instructor poten	tial during perfor	mance 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 Training Center (TC) Faculty/Course Director:(circle appropriate tit								
Date:								



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TC Alignment and Instructor Network Verification: TC Coordinator of aligning TC has verified the following:					
	I approve this application and grant alignment with this TC for this applicant. I agree to all responsibilities for this instructor as outlined in the current <i>Program Administration Manual</i> .				
	I verify that this instructor is registered on the Instructor Network and has been approved as an instructor in this discipline and is aligned with this TC.				
Instructor ID #:		_ Renewal Date:			
TC Name:		TC ID #:			
Signature of TC Coordinator:		Date:			