

## 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    ☐ PEARS®

Renewal date of provider card: \_\_\_\_\_

Candidate's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**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

Signature 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 *at least 1* of the following options:

- ☐ Has been identified as having instructor potential during performance 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 title)

Date: \_\_\_\_\_

**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 *Program Administration Manual*.
- ☐ 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: \_\_\_\_\_