

National Ambulance Education Department AHA TC and Instructor Agreement

Please read the following information carefully and sign where indicated. By signing this form, the instructor agrees to the terms as outlined and alignment as an AHA instructor with National Ambulance / Training Sites.

- To use and promote principles of use the AHA courses materials per the quality assurance program.
- Comply promptly with quality assurance monitoring, investigations or actions recommended by AHA and NA or its designees.
- Refrain from engaging in dishonest, unethical or unprofessional conduct including, but not limited to, supporting unrecognized training, supporting unearned certification cards and withholding properly earned certification cards.
- Refrain from engaging in fraudulent or illegal actions, such as financial or other business-related mis- conduct, false advertisement, discrimination, forgery, misrepresentation, and unauthorized duplication of copyrighted training materials.
- Instructor maintains a robust Quality Assurance program that includes a system of procedures, audits, and corrective actions designed to ensure that our training programs and Instructors are of the highest achievable quality.
- All responsibilities as outlined in the current instructor manual, Program Administration Manual and NATIONAL AMBULANCE AHA Training Center policy manual.
- Instructor authorizations are maintained in the AHA Instructor network, which allows National Ambulance to track each Instructor's commitment and training level over time.
- Maintain your provider/instructor records by yourself in students/ instructor CPR verify.
- Complete and submit paperwork to the Training Center in a timely manner.
- Provide AHA support (Hands Only CPR, Heart saver month, CPR Anytime, CPR for School, Go Red for women, etc.) as part of the chain of survival when needed.
- Register on the AHA instructor network <https://ahainstructornetwork.americanheart.org>
- The main source of communication with your Training center or training site is your email only.
- Notify NATIONAL AMBULANCE AHA Training center of any changes in my address, telephone number, email address or employment immediately within 48hrs.

I understand NATIONAL AMBULANCE Training Center Education Department has the right to revoke my Instructor alignment if AHA guidelines are not followed or for any Instructor who fails to honor any part of this Agreement. I understand NATIONAL AMBULANCE Training Center reserves the right to monitor my teaching at any time as a quality assurance protocol. If I didn't comply with National Ambulance Training Center then I would face a contractual penalty if that obligation was breached (within one year from date I was certified as an instructor) worth AED 13,900 (BLS, PHTLS, EVOS) and AED 8,300 (ACLS, PALS). I also understand that should I choose to resign or face termination before completing the one-year period from the date I was certified that these charges will be deducted from me upon my leaving National Ambulance.



I agree to the above terms required to align with NATIONAL AMBULANCE as an AHA Instructor.

Name	
Title	
AHA INS No.	
Mobile	
Email Address	
Signature	
Date	