

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: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Other Contact Information: _____

Discipline: ☐ BLS ☐ ACLS ☐ PALS Instructor Card Expiration Date: _____

Primary TC (for discipline seeking renewal): _____

Name of TC Coordinator: _____

Renewal Checklist

☐ Provider skills successfully demonstrated Date: _____ Method: _____

☐ Provider examination completed with a score of 90% or higher 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 (see below)

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: _____