



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®
 ASLS

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 90% 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 skills performance in a provider course
 Has demonstrated instructor potential during a screening evaluation
 Has demonstrated exemplary performance of provider skills under my direct observation

Name _____ TCF Course Director Instructor Other (check title)

Course or Observation Date: _____



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Instructor Candidate Application For TC Coordinator Use

TC Alignment and Atlas 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 AHA Atlas 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: _____

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