

American Heart Association Emergency Cardiovascular Care Program Instructor/TCF Renewal Checklist

Instructions:

This checklist may be used to document successful completion of Instructor/TCF renewal requirements and contact information. It is recommended that the TC keep the completed form in the Instructor's file.

Instructor/TCF Contact Information

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Other contact information: _____

Discipline: HS 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 84% or higher Date: _____

BLS or HS Instructor: Instructor exam completed with a score of 84% or higher Date: _____

Instructor/TCF update(s) attended Date(s): _____

Instructor/TCF Monitor Form completed successfully Date: _____

At least four Provider Courses taught in past two years or waiver obtained (see below)

If applicable (for TCF), one Instructor/Instructor Renewal Course taught in past two years (see below)

Teaching Activity

| Course Name | Date | Location (TC/Site) | Station/Module |
|---|------|--------------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| Instructor/Instructor Renewal Course | | | |
| 1. | | | |

Additional courses may be attached or listed on the back of this form.

New Instructor card issued Date: _____

TCF status maintained Date: _____