



**Service Disabled Veteran Founded & Operated**  
**501c3 Non-Profit Organization**  
**Cage Code: 3QYN4**  
**Tax ID #: 11-3638368      DUNS#: 143331648**

**Training For Life, Inc.**  
**11 Hanover Sq, 3rd FL**  
**New York, NY 10005**

**Instructor Affiliation & Rules of Conduct**

This agreement outlines the expectations of Training For Life, Inc. (T4L) and the American Heart Association (AHA) regarding quality of instruction and instructors conducting credential bearing training.

This agreement remains in force, concurrent with your AHA Instructor authorization, until your Affiliation is transferred to another Training Center at your request, or this Training Center chooses to end our arrangement for a violation of the following rules of conduct.

AS A TRAINING FOR LIFE INSTRUCTOR (AFFILIATED or HIRED) or TRAINING SITE I AGREE TO:

1. Follow all policies, procedures, and guidelines of T4L and the American Heart Association.
2. Accept the supervision and evaluation of my instructor skill and performance.
3. Acknowledge that my instructor certificate is solely recognition of my successful completion of an Instructor Course or Renewal course.
4. Keep complete and accurate records of all courses conducted and file all appropriate records, in a timely manner, with T4L as per Training Center Guidelines (30 days).
5. Prior to each course, ensure that all materials, equipment and supplies are clean, sanitary and in good working order. Ensure that all written materials used are current and/or updated as required.
6. Follow the curriculum for each course as developed by AHA.
7. Have deviations from standard outlines pre-approved by T4L.
8. Keep my instructor certificate active by conducting 2 AHA approved provider courses per year and successfully complete an instructor renewal course within 2 years.

As a Training For Life, Inc. /American Heart Association Instructor I agree and recognize that I must maintain high standards of professionalism in my manner, appearance and skill while conducting formal courses. I will complete all training required to achieve and maintain my instructor credentials. I sign this agreement without reservation, intending to abide by these guidelines and principles.

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INSTRUCTORS NAME (PRINTED)      INSTRUCTORS SIGNATURE      DATE

\_\_\_\_\_

**TRAINING CENTER FACULTY PRINTED NAME AND SIGNATURE**

Revised 03/2022

*Isn't There A Life You Would Like To Save?*



**Training For Life, Inc.  
11 Hanover Sq. 15<sup>th</sup> Fl.  
New York, NY 10005**

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