

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):					
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Renewal date of provider card: Candidate's name:					
Mailing address:				7: 1	
City:					
Phone:					
 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 instruc	tor candidate: _			Date:	
 Verification of Instructor Potential: I verify that this instructor candidate has achieved a score of 84% 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 performance in a provider course □ Has demonstrated instructor potential during a screening evaluation □ Has demonstrated exemplary performance of provider skills under my direct observation Signature of Training Center (TC) Faculty/Course Director:					
(circle appropriate title)					
Date:					
 TC Alignment and Instructor 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 <i>Program Administration Manual</i>. □ I verify that this instructor is registered on the Instructor Network and has been approved as an instructor in this discipline and is aligned with this TC. Instructor ID #:					
			TC ID #:		
Signature of TC Co.	ordinator:			Date:	