



American Heart Association Emergency Cardiovascular Care Programs

Training Faculty Candidate Application

Instructions: To be completed by the Training Faculty (TF) candidate with appropriate signatures.

Name: _____

Instructor ID #: _____ Expiration date of instructor card: _____

Discipline: BLS ACLS PALS ASLS

Mailing address: _____

City: _____ State: _____ Zip code: _____ Phone: _____

Email: _____

Letter of recommendation from TF member is attached.

TF Commitment: As a TF member, I agree to

- Teach at least 4 provider courses in 2 years
- Teach 1 instructor course in 2 years
- Monitor instructors/instructor candidates/Course Directors in accordance with the guidelines of the AHA
- 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 TF candidate: _____ Date: _____

TC Alignment: I approve this application and grant alignment with this TC for this applicant and agree to all responsibilities for this TF member, as outlined in the current *Program Administration Manual*.

Name of TC: _____

TC ID #: _____

Signature of TC Coordinator: Nathaniel G Shell _____ Date: _____