



A NATIONAL TRAINING CENTER
7121 STATE ROUTE 56 E SEBREE, KY 42455
615-230-7991
 TRAINING@SHELLCPR.COM VISIT US ONLINE AT WWW.SHELLCPR.COM

INSTRUCTOR AGREEMENT

Instructor Level: Heartsaver _____ BLS _____ ACLS _____ PALS _____

INSTRUCTOR NAME _____ DATE _____

I wish to align as an Instructor with **Shell CPR, LLC TC ID# KY21007**, recognized as an official American Heart Association (AHA) Training Center with a nationwide territory for the disciplines of BLS and Heartsaver and Training Site for disciplines ACLS and PALS

1. understand as an AHA Instructor, I must teach the core curriculum established by the AHA and follow all AHA guidelines, the PAM, and Training Center Policies.
2. accept that the Training Center may revoke my instructor privileges if the AHA standards are not upheld.
3. I will forward completed course rosters, skills sheets, test answer sheets, and evaluations to my Training Center via our course management system, Enrollware. I will also maintain a file in which I will keep copies of the documents I submit to the Training Center.
4. In the event of a change of address and/or personal information, immediate notification will be sent via phone, electronically or by mail to the Training Center At Training@Shellcpr.com
5. I understand that my instructor status expires the last day of the expiration month printed on my instructor card. The renewal criteria to be met as set forth by the AHA:
 - Teach 4 AHA provider courses or 4 days of skills sessions within 2 years.
 - Be monitored by a Training Center Faculty member within the 2-year period.
 - Attend any required Instructor Renewal/Update Sessions
6. understand that if providing direct services to clients of SHELL CPR,LLC, I will not solicit my own services or act as a competitor.
7. I understand that Shell CPR, LLC reserves the right to terminate its relationship with any AHA Instructor who fails to honor any part of this Instructor Contract or Fails to maintain AHA Guidelines Via The Program Administration Manual. I do understand and agree to abide by the agreement

Instructor Candidate Name _____

Instructor Candidate Signature _____ Date _____