



## Instructor Agreement

Name (Print): \_\_\_\_\_

Instructor Level: Heartsaver \_\_\_\_\_ BLS \_\_\_\_\_

I wish to align as an Instructor with ON THE GO CPR, LLC TC ID# TN20953, recognized as an official American Heart Association Training Center with a nationwide territory for the disciplines of BLS and Heartsaver.

1. I 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. I 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@onthegocpr.net
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. I understand that if providing direct services to clients of ON THE GO CPR, LLC, I will not solicit my own services or act as a competitor.
7. I understand that ON THE GO CPR, LLC reserves the right to terminate its relationship with any AHA Instructor who fails to honor any part of this Instructor Contract. I do understand and agree to abide by the aforementioned rule.

INSTRUCTOR SIGNATURE \_\_\_\_\_ TCC OR TCF \_\_\_\_\_