



### Instructor Contract

Name (Print): \_\_\_\_\_ Instructor level(s): \_\_\_\_\_ Heartsaver \_\_\_\_\_ BLS \_\_\_\_\_

I wish to align as an Instructor with Trio Safety Training Site (an official site of Always CPR Training Center, LLC), recognized National Training Center for the American Heart Association (AHA) in all 50 states for BLS and Heartsaver.

1. I understand as an AHA Instructor, I must teach the core curriculum established by the AHA.
2. I accept that Trio Safety / Always CPR 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 designated Training Site Director 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 Site Director of Training.
4. In the event of a change of address and/or personal information, immediate notification will be sent via phone, electronically or by mail both to the Site Director of Training and the National Training Director at [training@triosafety.com](mailto:training@triosafety.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 2 classes per discipline each year of my 2 year instructor period.
  - Be monitored by a Training Center Faculty/Regional Faculty in that 2 year period. Complete any required discipline specific written test(s)
  - Attend any required Instructor Renewal/Update Course(s).
6. I understand that if providing direct services to clients of Trio Safety / Always CPR, I will not solicit my own services or act as a competitor.
7. I understand that Trio Safety / Always CPR 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 rules established herein.

## 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):

- Heartsaver®  
  BLS  
  ACLS  
  ACLS EP  
  PALS  
  PEARS®

Renewal date of provider card: \_\_\_\_\_

Candidate's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**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 instructor 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 *Program Administration Manual*.
- 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 #: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

TC Name: Always CPR Training Center (Trio Safety Training Site) TC ID #: TX20806

Signature of TC Coordinator: M. Burrows Date: \_\_\_\_\_



**American Heart Association Emergency Cardiovascular Care Programs  
Instructor Course Completion Notice to Primary TC**

**Instructions:** This form is to be used when an instructor candidate completes an instructor course sponsored by a TC other than his or her primary TC. Upon completion of the instructor course, the TCF member completes this form and sends it to the candidate's primary TC with originals of the candidate's skills evaluation and written examination. (Copies of originals are to be kept with course records.)

Name of candidate: \_\_\_\_\_

Discipline:            HS            **BLS**            ACLS            PALS

This is to confirm that the above-named candidate has successfully completed an instructor course sponsored by

Name of TC: Always CPR Training Center (Trio Safety Training Site)

TC ID#: TX20806

TC Site (if applicable): Trio Safety CPR+AED Solutions

Date of course: \_\_\_\_\_ Location: \_\_\_\_\_

Discipline:  BLS     ACLS     PALS

Name of TCF member: \_\_\_\_\_

Signature of TCF member: \_\_\_\_\_ Date: \_\_\_\_\_

This form is to be sent to the candidate's primary TC for monitoring and issuance of an instructor card.

Name/address of primary TC: Always CPR Training Center (Trio Safety Training Site)  
1105 Chambers Ln. Melissa, TX 75454

TC ID# for primary TC: TX20806

Name of primary TC Coordinator: Christian Hernandez / Miranda Burnette

# Adult CPR and AED Skills Testing Checklist



Student Name \_\_\_\_\_ Date of Test \_\_\_\_\_

Scenario: "You arrive on the scene for a suspected cardiac arrest. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next."

## Assessment and Activation

- Checks responsiveness     Shouts for help/Sends someone to phone 9-1-1 and get an AED     Checks breathing

Once student shouts for help, instructor says, "Here's the barrier device. I am going to phone 9-1-1 and get the AED."

## Cycle 1 of CPR (30:2) \*CPR feedback devices preferred for accuracy

### Adult Compressions

- Performs high-quality compressions\*:
- Hand placement on lower half of breastbone
  - 30 compressions in no less than 15 and no more than 18 seconds
  - Compresses at least 2 inches (5 cm)
  - Complete recoil after each compression

### Adult Breaths

- Gives 2 breaths with a barrier device:
- Each breath given over 1 second
  - Visible chest rise with each breath
  - Gives 2 breaths in less than 10 seconds

## Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed

- Gives 30 high-quality compressions     Gives 2 effective breaths

Instructor says, "Here is the AED."

## AED (follows prompts of AED)

- Powers on AED     Correctly attaches pads     Clears for analysis     Clears to safely deliver a shock  
 Presses button to deliver shock     Student immediately resumes compressions

AED trainer says, "The shock has been delivered."

## Cycle 3 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed

- Gives 30 high-quality compressions     Gives 2 effective breaths

**STOP TEST**

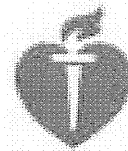
### Instructor Notes

- Place a ✓ in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to Instructor Manual for information about remediation).

**Test Results** Check **PASS** or **NR** to indicate pass or needs remediation:

**PASS**  **NR**

Instructor Initials \_\_\_\_\_ Instructor Number \_\_\_\_\_ Date \_\_\_\_\_



**American  
Heart  
Association.**  
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**Student Answer Sheet  
BLS Instructor Essentials Exam**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Version: \_\_\_\_\_

<b>Question</b>	<b>Answer</b>			
1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D
25.	A	B	C	D