American Heart Association.

American Heart Association Emergency Cardiovascular Care Programs

Instructor Records Transfer Request

***Instructions**: When an instructor wants to transfer to a different Training Center (TC), this form must be completed by the instructor, the transferring TC Coordinator (TCC) and the accepting TCC. The transferring TCC returns the completed form with the instructor's records to the accepting TCC. The accepting TCC contacts the instructor when the transfer is complete.*

SECTION 1:

To be completed by the TCC of the accepting TC and sent or given *to the transferring instructor*.

Our TC is willing to accept the instructor named below as an instructor at our TC.

Instructor's name: _____ Instructor ID#: _____

We agree to keep and maintain all instructor records in accordance with our TC Agreement with the AHA and the *Program Administration Manual*.

TC name: Emergency Medical Teaching Services TC ID#: MA00640

TC address: 201 Oak Street

City: Pembroke State: Ma Zip code: 02359 Phone: 781-524-1779

Signature of TCC: _____ Date: _____

SECTION 2:

To be completed by the instructor who is transferring and sent or given *to the transferring TCC*.

I, _____, Instructor ID# _____, authorize the transfer of my instructor records for ☐ Heartsaver® ☐ BLS ☐ ACLS ☐ ACLS EP

☐ PALS ☐ PEARS® ☐ ASLS

from TC name: _____ TC ID#: _____

to TC name: _____ TC ID#: _____

Instructor's home address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Work phone: _____

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SECTION 3:

To be completed by the current TCC and sent with the records being transferred.

Note: *All applicable instructor records, as outlined in the* Program Administration Manual*, must be transferred. The transferring TC must keep copies of all transferred records for 3 years.*

TC name: _____ TC ID#: _____

TC address: _____

TC address: _____

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

Signature of TCC: _____ Date: _____