



## American Heart Association Emergency Cardiovascular Care Programs

### **Instructor/Training Faculty Renewal Checklist**

**Instructions:** This checklist may be used to document successful completion of instructor/Training Faculty (TF) renewal requirements and contact information. It is recommended that the TC keep the completed form in the instructor's file.

**Complete 1 form per renewing discipline.**

**To be used in conjunction with the Instructor Monitoring Tool.**

#### **SECTION 1:**

**General information for the renewing instructor or TF member.**

Renewing discipline:

- ☐ Heartsaver®    ☐ BLS    ☐ ACLS    ☐ ACLS EP    ☐ PALS    ☐ PEARS®  
☐ ASLS

Instructor ID#: \_\_\_\_\_ Expiration date of instructor card: \_\_\_\_\_

Primary TC name: HeartSouth CPR Training Services LLC TC ID #: **AL21031**

TC Coordinator's name: **R. Brad Garrard**

Instructor's or TF's name: \_\_\_\_\_

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

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

Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

#### **SECTION 2:**

**Instructor or TF member teaching, monitoring, and update activity for renewal.**

☐ Instructor/TF monitoring completed successfully:

Course name: \_\_\_\_\_

Date: \_\_\_\_\_ TF observer name: \_\_\_\_\_



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☐ Instructor/TF update(s) attended:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

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☐ Instructor Essentials course completed (if applicable):

Date: \_\_\_\_\_ Location: \_\_\_\_\_

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- ☐ At least 4 provider courses taught in the past 2 years or waiver obtained (list classes below; additional classes may be attached or listed on the back of this form)

Course Name	Date	Location (TC or Site)	Station or Module

- ☐ If applicable (for TF), at least 1 instructor/instructor renewal course taught in the past 2 years (list courses below)

Course Name	Date	Location (TC or Site)	Station or Module

#### SECTION 3:

**Administrative Review of Conflict of Interest and Code of Conduct. Reviewed by TC Coordinator with instructor.**

**Professional Behavior:** The *Program Administration Manual* provides specific guidelines regarding code of conduct and conflict of interest for all representatives of the AHA as leaders in the community. Instructors need to comply with these AHA guidelines because they represent the AHA while they are conducting courses.

- ☐ Endorses the ECC Leadership Code of Conduct  
Date of review: \_\_\_\_\_
- ☐ Acknowledges the AHA Statement of Conflict of Interest  
Date of review: \_\_\_\_\_

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### SECTION 4:

**Administrative Competencies and Indicators. Observed by TC Coordinator through regular teaching activities**

***Cognitive and Psychomotor Skills:*** Maintains proficiency in provider-level cognitive and psychomotor skills; fulfills requirements for initial or renewal instructor certification

- ☐ Demonstrates proficiency in provider-level skills
- ☐ Teaches at least the minimum number of classes per cycle
- ☐ Is aligned on the Instructor Network
- ☐ Completes the required provider and instructor updates
- ☐ Provides precourse instructions and resources to students before the course
- ☐ Uses student and Faculty feedback to improve teaching performance
- ☐ Ensures equipment is in working order and is available in sufficient quantity, as recommended
- ☐ Secures and protects testing materials
- ☐ Decontaminates/cleans equipment according to the manufacturer's instructions

***Program Administration:*** Successfully manages available resources, including time, materials, space, and budget, to deliver high-quality training in accordance with AHA guidelines

- ☐ Completes postcourse records, including an accurate roster, grade report, and summary evaluation
- ☐ Complies with the current, appropriate version of the *Program Administration Manual*
- ☐ Ensures that AHA course completion cards are issued in a timely manner

Overall comments from TC Coordinator:

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## Instructor/Training Faculty Renewal Checklist

Overall comments from instructor/TF:

\_\_\_\_\_

Review of Renewal Checklist is acknowledged by instructor/TF:

TCC name: R. Brad Garrard Instructor/TF name: \_\_\_\_\_

TCC signature: R. Brad Garrard Instructor/TF signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

☐ New instructor card issued Date: \_\_\_\_\_

☐ TF status maintained Date: \_\_\_\_\_