



## 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®  
☐ ASLS

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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: R. Brad Garrard (circle appropriate title)

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



## American Heart Association Emergency Cardiovascular Care Programs

### Instructor Candidate Application

**TC Alignment and Atlas 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 in Atlas and has been approved as an Instructor in this discipline and is aligned with this TC.

Instructor ID #: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

TC Name: **HeartSouth CPR Training Services LLC** TC ID #: **AL21031**

Signature of TC Coordinator: R. Brad Garrard Date: \_\_\_\_\_