American Heart Association.

**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: _____

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**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: _____