

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®	\square BLS	□ ACLS	□ ACLS EP	□ PALS	\square PEARS®	
Renewal date of provid	der 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:		
Signature of mistractor	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 <i>at least 1</i> 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:					
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