

Revised: February 2025

## **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 <sup>®</sup>	□BLS	□ ACLS	☐ ACLS EP	□ PALS	$\square$ PEARS®		
	ASLS							
Renewal date of provider card:								
Candidate's name:								
Mailing address:								
City:			State:		Zip code:	<u> </u>		
Phone:		Emai	1:					
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:			
<b>Verification of Instructor Potential:</b> 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:(circle appropriate								
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 <i>Program Administration Manual</i> .					
	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:		TC ID #:				
Signature of TC Coordinator:		Date:				