

**American Heart Association Emergency Cardiovascular Care Program
Instructor/IT Records Transfer Request**

- 1. When a TC agrees to accept an Instructor/IT, the TC Coordinator signs and sends this form to the Instructor/IT.**

Our TC is willing to accept _____ as an Instructor/IT at our facility. We agree to keep and maintain all Instructor records in accordance with the TC Agreement.

Signature of TC Coordinator _____ Date _____
TC Address 2503 18th Avenue
Fairbanks, AK 99709
Phone 907.456.3978 Fax 907.456.3970

- 2. The Instructor/IT completes the following information and sends it to the TC currently holding his/her Instructor/IT records.**

I, _____, authorize the transfer of my Instructor/IT records from _____ TC to _____ TC.
Instructor's/IT's Home Address _____

Home Phone _____ Work Phone _____

Check discipline(s) for which you are requesting a records transfer:
 BLS ACLS PALS

- 3. After verifying and completing this form, the Instructor's/IT's current TC transfers the Instructor's/IT's records to the new TC. All applicable Instructor/IT records as outlined in chapter 2 of this manual must be transferred.**

The transferring TC must keep copies of all transferred records for 30 days.

- 4. The new TC contacts the Instructor/IT when the transfer is complete.**
- 5. The TC Coordinator from the current TC signs and dates this form when the records have been transferred.**

Signature of TC Coordinator _____ Date _____
TC Address _____
Phone _____ Fax _____