American Heart Association®
Fighting Heart Disease and Stroke

American Heart Association Emergency Cardiovascular Care Program

Instructor Candidate Application

Instructions: To be completed by Instructor candidate with appropriate signatures. Please complete one application for *each* discipline.

Name (with credentials):_____

Home Mailing Address: _____

_____

Work Phone: _____

Home Phone: _____

Cell Phone: _____ Best number to contact you at: _____

Email: _____

Employer: _____

Type of Instructor Course: □ BLS □ ACLS □ PALS

Recommended renewal date of Provider card in discipline in which candidate is seeking Instructor status: _____

Instructor Commitment: As an AHA Instructor, I agree to teach at least four courses in two years in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

Signature of Instructor Candidate Date

TC Alignment: I approve this application and grant alignment with this Training Center for this applicant. I agree to all responsibilities for this Instructor as outlined in this manual.

Name of Training Center: _____

Signature of TC Coordinator: _____ Date: _____