

CPR INSTRUCTOR COURSE



CLASSES AVAILABLE

May 16, 2012

8:30 am - 4:30 pm

Sorry, cancellations after books have been issued or one week before class begins will not be refunded.

Instructor Course Prerequisites:

- Provide current copy of AHA Provider Course completion card or equivalent from the Military Training Network or American Red Cross (card must meet 2006 AHA standards).
- Willingness and desire to teach in accordance with the scientific and program guidelines of the AHA.
- Must make a commitment to teach four courses in 2 years.
- Complete the enclosed AHA Instructor Candidate Application

Cost: \$250.00 (includes books)

Books must be picked up in advance!

Registration:

Space for class is limited. For guaranteed acceptance, complete the AHA Instructor Application form and return it with a check, money order, credit card or purchase order and all required paperwork



2503 18th Avenue
Fairbanks, AK 99709

907.456.3978 ph
907-456-3970 fax

www.iremsc.org

Registration Form

CPR Instructor Courses

Name _____

Address _____

City, State, Zip Code _____

Email _____

Please include a copy of :

- **Your current BLS for Healthcare provider card**
- **The Instructor Candidate Application**

Sign up for:

CPR Instructor Course 5/16/12

Price

\$250.00

Payment

Total: _____

Check Enclosed (payable to IREMSC) Purchase Order (copy enclosed)

MC Visa

Credit Card Number : _____

Card Holder Name : _____

Card Exp.: _____ CVC Code (3 or 4 digit code on back of card) : _____

Signature of Card Holder : _____

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**IREMSC
2503 18th Avenue
Fairbanks, AK 99709**

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): _____

Mailing Address: _____

Work Phone: _____ Fax: _____

Home Phone: _____ Fax: _____

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: _____