UW Medicine
HARBORVIEW MEDICAL CENTER

INSTRUCTOR DATA FORM

This form must be completed with applicable fee included to receive a card.

Date: ☐☐ ☐☐ ☐☐☐☐
Month Day Year

Status: ☐ *RECOGNITION* ☐ *RENEWAL*

☐ ACLS Instructor ($30)* ☐ BLS Instructor ($30)*

AHA COURSE DICLAIMER

Use of American Heart Association materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the association.

First Name
☐☐☐☐☐☐☐☐☐☐☐☐ - ☐

Last Name
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Circle all that apply: MD DO RN PhD EMT-P EMT DDS Other_____

Mailing Address:
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **State** ☐☐

Zip ☐☐☐☐☐ - ☐☐☐☐ **Cell#** ☐☐☐ - ☐☐☐ - ☐☐☐☐

Work # ☐☐☐ - ☐☐☐ - ☐☐☐☐ **Home #** ☐☐☐ - ☐☐☐ - ☐☐☐☐

Email address: _____ **(please print clearly)**

Training Site: ☐ **HMC** ☐ **Other**_____

Preferred Method of Contact (check all that apply): Phone: ☐ Home ☐ Work ☐ Cell ☐ Email

*Fee includes AHA Instructor and Provider cards valid for two-years, administration, quarterly ECC/CTC updates & newsletters.

HARBORVIEW COMMUNITY TRAINING CENTER
325 9TH AVENUE, BOX 359733; SEATTLE, WA 98104
PHONE: 206-744-5027 FAX: 206-744-2043