



Instructor Agreement

Please read the following information carefully and sign where indicated. By signing this form, the Instructor agrees to the terms as outlined and alignment as an AHA instructor with Harborview Medical Center Community Training Center.

Harborview Medical Center Community Training Center (CTC) will:

- Maintain instructor records
- Facilitate opportunities to teach BLS/ ACLS/ PALS courses
- Provide course completion and participation cards to eligible instructors
- Provide BLS/ACLS/PALS initial instructor training and instructor renewals
- Provide monitoring opportunities and resources for completion
- Serve as a principal resource for information, support, and quality control for all AHA ECC instructors aligned with the Harborview Training Center
- Provide timely communication of any new or updated information about National, Regional, or TC policies, procedures, course content, or course administration that could potentially affect an instructor in carrying out his or her responsibilities

Instructors aligned with Harborview Medical Center Training Center agree to:

- All responsibilities as stated in the corresponding discipline of the Instructors manual
- All responsibilities as outlined in the Program Administration Manual (PAM)
- Teach AHA courses from the most current materials including, but not limited to, textbooks, instructor manuals, and exams
- Have textbooks available for all course participants before, during, and after the course taught
- Submit all course records/forms and participant lists to the CTC within 10 days of a course
- Register on the AHA Instructor Network (www.ahainstructornetwork.org)
- Maintain current knowledge of new and updated AHA and TC information.
- Obtain and issue AHA completion cards through Harborview CTC as outlined in the PAM manual
- Support the Chain of Survival
- Teach a minimum of two courses a year or four courses every two years
- Arrange to be monitored once every two years
- Maintain discipline specific provider status
- Attend an Instructor Renewal Course at Harborview Medical Center once every two years (BLS Instructors Only)

*It is understood that all Instructors and Instructor Trainers are not employed by this CTC and are responsible for their own liability insurance and taxes. Gratuities or lack of are at the discretion of the individual instructor whose service has been requested.

As an AHA Instructor I have read, understood and agree to the above conditions. If at any time I should not adhere to the above conditions, my status with this CTC may be revoked.

ACLS/BLS/PALS

Instructor Signature _____ *Date* _____

Print Name _____