

Newport Enterprises Training Site
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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: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Type of Instructor Course: BLS ___ ACLS ___ PALS ___ Heartsaver _____

Recommended renewal date of Provider card in discipline in which the candidate is seeking Instructor status: _____ **(PLEASE ENCLOSE A COPY OF CARD)**

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 the Program Administration Manual.

Name of Training Center: _____

Signature of TC Coordinator: _____ Date: _____

Verification of Instructor Potential: I VERIFY THAT this Instructor Candidate has achieved a score of 90% or higher on the Provider written examination in the discipline for which he/she is applying and has completed at least *one* of the following options:

___ Has been identified as having Instructor potential during performance in a Provider course.

___ Has demonstrated Instructor potential during a screening evaluation

___ Has demonstrated exemplary performance of Provider Skills under my direct observation

Signature of TC Faculty/Course Director/Lead Instructor or BLS IT (Circle appropriate title)