



## American Heart Association Emergency Cardiovascular Care Programs

### Instructor Candidate Application

**Instructions:** To be completed by the instructor candidate with appropriate signatures. Complete 1 application for each discipline.

**Application for Instructor Status:** Select the discipline you are applying for (select only 1):

- Heartsaver®     BLS     ACLS     ACLS EP     PALS     PEARS®  
 ASLS

Renewal date of provider card: \_\_\_\_\_

Candidate's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Instructor Commitment:** As an AHA Instructor, I agree to

- Teach at least 4 courses in 2 years in accordance with the guidelines of the AHA  
 Maintain a current provider card  
 Strengthen and support the Chain of Survival and the mission of the AHA in my community  
 Conduct myself in accordance with the ECC Leadership Code of Conduct  
 Avoid any perception of conflict of interest in accordance with the AHA Statement of Conflict of Interest

Signature of instructor candidate: \_\_\_\_\_ Date: \_\_\_\_\_

**Verification of Instructor Potential:** I verify that this instructor candidate has achieved a score of 84% or higher on the provider written examination in the discipline for which he or she is applying and has completed *at least 1* 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 Training Center (TC) Faculty/Course Director: \_\_\_\_\_ (circle appropriate title)

Date: \_\_\_\_\_



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**TC Alignment and Instructor Network Verification:** TC Coordinator of aligning TC has verified the following:

- I approve this application and grant alignment with this TC for this applicant. I agree to all responsibilities for this instructor as outlined in the current *Program Administration Manual*.
- I verify that this instructor is registered on the Instructor Network and has been approved as an instructor in this discipline and is aligned with this TC.

Instructor ID #: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

TC Name: \_\_\_\_\_ TC ID #: \_\_\_\_\_

Signature of TC Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_



**A NATIONAL TRAINING CENTER**  
**7121 STATE ROUTE 56 E SEBREE, KY 42455**  
**615-230-7991**  
 TRAINING@SHELLCPR.COM VISIT US ONLINE AT WWW.SHELLCPR.COM  
**INSTRUCTOR AGREEMENT**

Instructor Level: Heartsaver \_\_\_\_\_ BLS \_\_\_\_\_ ACLS \_\_\_\_\_ PALS \_\_\_\_\_

INSTRUCTOR NAME \_\_\_\_\_ DATE \_\_\_\_\_

I wish to align as an Instructor with **Shell CPR, LLC TC ID# KY21007**, recognized as an official American Heart Association (AHA) Training Center with a nationwide territory for the disciplines of BLS and Heartsaver and Training Site for disciplines ACLS and PALS

1. I understand as an AHA Instructor, I must teach the core curriculum established by the AHA and follow all AHA guidelines, the PAM, and Training Center Policies.
2. accept that the Training Center may revoke my instructor privileges if the AHA standards are not upheld.
3. I will forward completed course rosters, skills sheets, test answer sheets, and evaluations to my Training Center via our course management system, Enrollware. I will also maintain a file in which I will keep copies of the documents I submit to the Training Center.
4. In the event of a change of address and/or personal information, immediate notification will be sent via phone, electronically or by mail to the Training Center At [Training@Shellcpr.com](mailto:Training@Shellcpr.com)
5. I understand that my instructor status expires the last day of the expiration month printed on my instructor card. The renewal criteria to be met as set forth by the AHA:
  - Teach 4 AHA provider courses or 4 days of skills sessions within 2 years.
  - Be monitored by a Training Center Faculty member within the 2-year period.
  - Attend any required Instructor Renewal/Update Sessions
6. understand that if providing direct services to clients of SHELL CPR,LLC, I will not solicit my own services or act as a competitor.
7. I understand that Shell CPR, LLC reserves the right to terminate its relationship with any AHA Instructor who fails to honor any part of this Instructor Contract or Fails to maintain AHA Guidelines Via The Program Administration Manual. I do understand and agree to abide by the agreement

Instructor Candidate Name \_\_\_\_\_

Instructor Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_



**QUOTATION**

**WorldPoint.com**

Phone: (888) 322-8350

Quote Number	
<b>12400020072</b>	
Quote Date	
2/2/2024	Page 1 of 2

PRICING SUBJECT TO CHANGE AT ANYTIME

**Quote Expires On 3/3/2024**

**Bill To:**

Shell CPR, LLC  
 4700 Millenia Blvd Ste 500  
 Orlando FL 32839-6019  
 United States of America

**Ship To:**

Shell CPR, LLC  
 4700 Millenia Blvd Ste 500  
 Orlando FL 32839-6019  
 United States of America

PO Number	Sales Person	Customer ID	Requested By	Taker	Payment Terms
TBD	Jack Addy	23019	Nathan	Doug Wirtanen	Net 30 Days

Catalog Number	Description	Quantity	List Price	Your Price	Extended Price
11-215	WPP Starter Pack Lt Sk	2	339.99	288.99	577.98
30-215	AED Practi-Trnr Essentials	2	99.95	84.96	169.92
20-220	PractiMask Inf Trng BVM	2	13.95	11.86	23.72
20-219	PractiMask Ad/Ch Trng BVM	2	14.95	12.71	25.42
20-137	Ch/Ad Practi-Mask 10pk	1	34.95	29.71	29.71
20-122	WNL Infant PractiMask 10pk	1	24.95	21.21	21.21
20-184	Practi-Valve Club Pack 55pk	1	51.95	44.16	44.16
40-158	4"x4" 8 Ply Surg Gauze	1	5.15	4.38	4.38
40-160	Stretch Gauze Roll 12pk	1	4.19	3.56	3.56
40-153	EpiPen Trnr	2	4.25	3.61	7.22
40-381	Practi-Mat 5 Pack	1	34.95	29.71	29.71
20-150	Practi-Shields 50pk	1	12.95	11.01	11.01
20-1105	BLS DVD Set	1	105.00	92.40	92.40
20-1103	BLS Instructor Manual	1	48.30	42.50	42.50
20-1123	2020 HS FA-CPR-AED DVDs	1	204.50	179.96	179.96
20-1130	2020 HS FA-CPR-AED Instr Man	1	68.20	60.02	60.02

<b>SUB-TOTAL</b>	<b>1 322.88 USD</b>
Estimated Tax:	0.00 USD
<b>QUOTE TOTAL:</b>	<b>1 322.88 USD</b>



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Shell CPR, LLC  
4700 Millenia Blvd Ste 500  
Orlando FL 32839-6019  
United States of America

**Ship To:**

Shell CPR, LLC  
4700 Millenia Blvd Ste 500  
Orlando FL 32839-6019  
United States of America

*Please note that shipping cost may not be included in this quotation and may be added at the time your order is processed.*

MCR Medical Supply, Inc.

1550 N Wilson Rd  
Columbus, OH 43204

# Quote

Date	Quote #
2/2/2024	2022034

Name / Address

Rep	Project

PRICING SUBJECT TO CHANGE AT ANYTIME

Description	Qty	U/M	Total
TAKE2 Prestan Kit- 2 Professional Adult Manikins W/ feedback, 2 Professional Infant Manikins W/ feedback, 2 UltraTrainer AEDs	1		870.00
Adult/Child Training BVM in zipper mesh bag with carabiner.	2		41.00
Infant Training BVM in zipper mesh bag with carabiner.	2		41.00
Case of WNLMAT	1		111.80
Pack of 10 Training CPR Rescue Masks, 5 Adult & 5 Infant with Valves	1		29.95
MCR CPR Training Shield Pack of 50	1		11.95
Prestan Professional 50-pk Rescue Mask Adaptors	1		42.50
BLS Instructor Manual (2020)	1		48.30
BLS DVD Set (2020)	1		105.00
Heartsaver FA CPR AED Instruct Man, 2020	1		68.20
Heartsaver First Aid CPR AED DVD Set, 2020	1		204.50
EpiPen Trainer by Dey	2		17.90
First Aid Training Kit w. gloves, pads, roller gauze pack of 10	5		44.75
Total Before Discount			1,636.85
10% Discount			-163.69
FREE Standard / Regular shipping			0.00
<b>Total</b>			

MCR Medical Supply, Inc.

1550 N Wilson Rd  
Columbus, OH 43204

# Quote

Date	Quote #
2/2/2024	2022034

Name / Address

PRICING SUBJECT TO CHANGE AT ANYTIME

Rep	Project

Description	Qty	U/M	Total
This quote does not include sales tax. If no tax exemption document is provided, depending on the shipping address, sales tax may be applied to this order. If you or your organization are exempt from sales tax, you will be required to provide your exemption certificate. Thank you.			0.00
<b>Total</b>			\$1,473.16