

**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:

City State ZIP

Phone: Fax:

Email:

Type of Instructor Course:  Heartsaver  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: \_\_\_\_\_

**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/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 TCF/Course Director/Lead Instructor (circle appropriate title)

\_\_\_\_\_  
Date