

**American Heart Association Emergency Cardiovascular Care Program  
Instructor Course Completion Notice to Primary TC**

**Instructions:** This form is to be used when an Instructor candidate completes an Instructor Course sponsored by a TC other than his/her primary TC. Upon completion of the Instructor Course the TC Faculty member completes this form and sends it to the candidate's primary TC with originals of the candidate's skills evaluation and written examination. (Copies of originals are to be kept with course records.)

Name of Candidate:

Discipline:  HS     BLS     ACLS     PALS

This is to confirm that the above-named candidate has successfully completed an Instructor Course sponsored by:

Name of TC:

TC Site (if applicable):

Date of course:                      Location:

Discipline:  BLS     ACLS     PALS

Name of TCF Member:

Signature of TCF Member: \_\_\_\_\_ Date: \_\_\_\_\_

This form is to be sent to the candidate's primary TC for monitoring and issuance of an Instructor card.

Name of Primary TC:

Address of Primary TC:

City                                      State                                      ZIP

Name of Primary TC Coordinator: