

**American Heart Association Emergency Cardiovascular Care Program
Instructor/TCF Teaching Activity Notice to Primary TC**

Instructions:

When an Instructor/TCF member teaches a course at a TC other than his/her primary TC, this form is to be completed and sent to the Instructor/TCF member's primary TC. A letter with the same information or a copy of the course roster (without scores) may also meet this requirement.

Primary TC Information

Name of TC Coordinator:

TC Name:

Address:

Phone:

Fax:

Email:

Name of Instructor/TCF member:

Discipline: HS BLS ACLS PALS

Instructor card expiration date:

Course Information

This confirms that the above-named Instructor/TCF member has taught the following course:

TC sponsoring course:

Training Site (if applicable):

Date of course:

Location:

Type of course taught:

Modules/stations taught:

Name of Course Director/Lead Instructor:

Signature of Course Director/Lead Instructor: _____ Date: _____