

American Heart Association Emergency Cardiovascular Care Program Instructor/TCF Renewal Checklist

Instructions:

This checklist may be used to document successful completion of Instructor/TCF renewal requirements and contact information. It is recommended that the TC keep the completed form in the Instructor's file.

Instructor/TCF Contact Information

Name:

Address:

Phone:

Fax:

Email:

Other contact information:

Discipline: BLS ACLS PALS Instructor card expiration date: _____

Primary TC (for discipline seeking renewal):

Name of TC Coordinator:

Renewal Checklist

- Provider skills successfully demonstrated Date: _____ Method: _____
- Provider examination completed with a score of 84% or higher Date: _____
- Instructor/TCF update(s) attended Date(s): _____
- Instructor/TCF Monitor Form completed successfully Date: _____
- At least four Provider Courses taught in past two years or waiver obtained (see below)
- If applicable (for TCF), one Instructor/Instructor Renewal Course taught in past two years (see below)

Teaching Activity

Course Name	Date	Location (TC/Site)	Station/Module
1.			
2.			
3.			
4.			
Instructor/Instructor Renewal Course			
1.			

Additional courses may be attached or listed on the back of this form.

- New Instructor card issued Date: _____
- TCF status maintained Date: _____