

**American Heart Association Emergency Cardiovascular Care Program  
Instructor Records Transfer Request**

- 1. When a TC agrees to accept an Instructor, the TC Coordinator signs and sends this form to the Instructor.**

Our TC is willing to accept \_\_\_\_\_ as an Instructor at our facility. We agree to keep and maintain all Instructor records in accordance with the TC Agreement.

Signature of TC Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
TC address: 2401 Lemone Industrial Blvd. DC030.00  
City: Columbia State: MO ZIP: 65212  
Phone: 573-882-4161 Fax: 573-884-5215

- 2. The Instructor completes the following information and sends it to the TC currently holding his/her Instructor records.**

I, \_\_\_\_\_, authorize the transfer of my Instructor records from \_\_\_\_\_ TC to \_\_\_\_\_ TC.

I am an instructor in good standing, without any restrictions or unresolved complaints that would impede my instructor status.

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor's home address:

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Check discipline(s) for which you are requesting a records transfer:

BLS  Heartsaver Instructor  ACLS  PALS

- 3. After verifying and completing this form, the Instructor's current TC transfers the Instructor's records to the new TC. All applicable Instructor records as outlined in Chapter 5 of this manual must be transferred.**

The transferring TC must keep copies of all transferred records for 30 days.

- 4. The new TC contacts the Instructor when the transfer is complete.**

- 5. The TC Coordinator from the current TC signs and dates this form when the records have been transferred.**

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

TC Address:

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_