



## 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: \_\_\_\_\_

Name of TC: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Name of Instructor/TCF member: \_\_\_\_\_

Discipline:  HS  BLS  ACLS  ACLS EP  PALS  PEARS

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: \_\_\_\_\_