



**American Heart Association Emergency Cardiovascular Care Programs
Training Center Faculty (TCF) Candidate Application**

Instructions: To be completed by TCF candidate with appropriate signatures.

Name (with credentials): _____

Discipline: BLS ACLS PALS Instructor ID #: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Expiration date of instructor card: _____

Letter of recommendation from Regional Faculty or TCF member attached

TCF Commitment: As a TCF member, I agree to teach at least 4 provider courses in 2 years plus 1 instructor course and to monitor instructors/instructor candidates/course directors in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

Signature of Training Center Faculty Candidate

Date

TC Alignment: I approve this application and have provided documentation that the candidate has been an instructor for a minimum of 2 years or has taught a minimum of 8 courses with positive evaluations by students. I grant alignment with this Training Center for this applicant and agree to all responsibilities for this TCF member as outlined in this manual.

Name of Training Center: _____

Training Center ID #: _____

Signature of TC Coordinator: _____ Date: _____