

Revised: March 2021

American Heart Association Emergency Cardiovascular Care Programs Instructor/Training Faculty Renewal Checklist

Instructions: This checklist may be used to document successful completion of instructor/Training Faculty (TF) renewal requirements and contact information. It is recommended that the TC keep the completed form in the instructor's file.

Complete 1 form per renewing discipline.

To be used in conjunction with the Instructor Monitoring Tool.

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General informatio	on for the ren	ewing instruc	SECTION 1: tor or TF member.			
Renewing discipline:						
☐ Heartsaver®	\square BLS	\square ACLS	\square ACLS EP	\square PALS	□PEARS [®]	
Instructor ID#:		Expi	ration date of instruc	ctor card:		
Primary TC name:				TC ID #:		
TC Coordinator's nam	ne:					
Instructor's or TF's na	ame:					
Mailing address:						
City:	State	:	Zip code:	Phone:		
Email:						
Instructor or TF me	ember teachii	SECTION 2:		ity for renewal.		
☐ Instructor/TF monitoring completed successfully:						
Course name:						
Date:		TF observe	er name:			
☐ Instructor/TF updat	te(s) attended:	:				
Date:		Loca	tion:			
Date:		Loca	tion:			
Date:		Loca	tion:			
☐ Instructor Essentials course completed (if applicable):						
Date:		Loca	tion:			



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	sses may be attached or Course Name	Date	Location (TC or Site)	Station or Module
			,	
	- · · · · · · · · · · · · · · · · · · ·	east 1 instruc	ctor/instructor renewal course	taught in the past 2 years (list
cours	es below) Course Name	Date	Location (TC or Site)	Station or Module
	Course (vame	Date	Location (Te of Site)	Station of Module
			SECTION 3:	
		onflict of I		t. Reviewed by TC Coordinator
	nstructor.	D 4 .1		:C:1-1:1:
eroje 20de j	ssional Benavior: The I	P <i>rogram Aa</i> of interest fo	ministration Manual provides	specific guidelines regarding HA as leaders in the community
				present the AHA while they are
	ecting courses.	itii tiioso 7 ii	in a gardennes seedase they rep	present the 111111 white they are
	Endorses the ECC Lea			
	Acknowledges the Al- Date of review:		nt of Conflict of Interest	
Admi	nistrative Comnetenci	es and Indi	SECTION 4: cators. Observed by TC Coor	dinator through regular teachin
activi				
Cogn	itive and Psychomotor .	<i>Skills</i> : Main	tains proficiency in provider-	level cognitive and psychomoto
skills;			enewal instructor certification	ı
	Demonstrates proficie			
			nber of classes per cycle	
	Is aligned on the Instr			
	Completes the require	-	and instructor updates and resources to students before	e the course
	-			
	Uses student and Facu	ulty feedbac	k to improve teaching perform	nance
	Uses student and Facu	alty feedback in working	k to improve teaching perform order and is available in suffice	



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Program Administration : Successfully manages available resources, including time, materials, space,			
and budget, to deliver high-quality training in accordance with AHA guidelines Completes postcourse records including an accurate roster grade report and summary			
Completes postcourse records, including an accurate roster, grade report, and summary evaluation			
☐ Complies with the current, appropriate version of the <i>Program Administration Manual</i>			
☐ Ensures that AHA course completion cards are issued in a timely manner			
Overall comments from TC Coordinator:			
Overall comments from instructor/TF:			
Review of Renewal Checklist is acknowledged by instructor/TF:			
TCC name: Instructor/TF name:			
TCC signature:Instructor/TF signature:			
Date:Date:			
☐ New instructor card issued Date:			
☐ TF status maintained Date:			