

American Heart Association Emergency Cardiovascular Care Programs Training Faculty Candidate Application

Instructions: To be completed by the Training Faculty (TF) candidate with appropriate signatures.

Name:
Instructor ID #: Expiration date of instructor card:
Discipline: D BLS D ACLS D PALS
Mailing address:
City: State: Phone:
Email:
□ Letter of recommendation from TF member is attached.
 TF Commitment: As a TF member, I agree to Teach at least 4 provider courses in 2 years Teach 1 instructor course in 2 years Monitor instructors/instructor candidates/Course Directors in accordance with the guidelines of the AHA Strengthen and support the Chain of Survival and the mission of the AHA in my community Conduct myself in accordance with the ECC Leadership Code of Conduct Avoid any perception of conflict of interest in accordance with the AHA Statement of Conflict of Interest
Signature of TF candidate: Date:
TC Alignment: I approve this application and grant alignment with this TC for this applicant and agree to all responsibilities for this TF member, as outlined in the current <i>Program Administration Manual</i> .
Name of TC:
TC ID #:
Signature of TC Coordinator: Date: