

**American Heart Association Emergency Cardiovascular Care Program  
Instructor Candidate Application**

**Instructions:** To be completed by Instructor candidate with appropriate signatures. Please complete one application for *each* discipline.

Name (with credentials): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best number to contact you at: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Type of Instructor Course:  BLS     ACLS     PALS

Recommended renewal date of Provider card in discipline in which candidate is seeking Instructor status: \_\_\_\_\_

**Instructor Commitment:** As an AHA Instructor, I agree to teach at least four courses in two years 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.

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Signature of Instructor Candidate \_\_\_\_\_ Date \_\_\_\_\_

**TC Alignment:** I approve this application and grant alignment with this Training Center for this applicant. I agree to all responsibilities for this Instructor as outlined in this manual.

Name of Training Center: Interior Region EMS Council, Inc.

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