

Revised: January 2020

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

Instructions: This checklist may be used to document successful completion of instructor/Training Center Faculty (TCF) 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.

SECTION 1: General information for the renewing instructor or TCF member.								
Renewing discipline:		-						
☐ Heartsaver [®]	□ BLS	□ ACLS	□ ACLS EP	□ PALS	$\square PEARS^{\mathbb{R}}$			
Instructor ID#:		Expi	ration date of instru	ictor card:				
Primary TC name:				TC ID #: _				
TC Coordinator's name	e:							
Instructor's or TCF's n	name:							
Mailing address:								
City:	State	:	_Zip code:	Phone:				
Email:								
		07.0						
SECTION 2: Instructor or TCF member teaching, monitoring, and update activity for renewal.								
☐ Instructor/TCF monitoring completed successfully:								
Course name:								
Date:		TCF obser	ver name:					
☐ Instructor/TCF upda	ate(s) attende							
Date:		Loca	tion:					
Date:		Loca	tion:					
Date:		Loca	tion:					
☐ Instructor Essentials course completed (if applicable):								



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	sses may be attached or		,				
	Course Name	Date	Location (TC or Site)	Station or Module			
	applicable (for TCF), at es below)	least 1 instr	uctor/instructor renewal course	e taught in the past 2 years (list			
	Course Name	Date	Location (TC or Site)	Station or Module			
			SECTION 3:				
		onflict of I		. Reviewed by TC Coordinator			
	nstructor.						
			ministration Manual provides				
				IA as leaders in the community			
	ctors need to comply watering courses.	ith these Ah	iA guidelines because they rep	present the AHA while they are			
	Endorses the ECC Lea	adershin Co	de of Conduct				
ш	Date of review:						
	_		at of Conflict of Interest				
	Date of review:						
			SECTION 4:				
		es and Indi		dinator through regular teachin			
activi		CI-:II N		11			
			tains proficiency in provider-lenewal instructor certification	evel cognitive and psychomoto			
	 □ Demonstrates proficiency in provider-level skills □ Teaches at least the minimum number of classes per cycle 						
	•						
_			• •				
	Secures and protects t	-	rials t according to the manufacture				



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	ges available resources, including time, materials, space,				
and budget, to deliver high-quality training in					
evaluation	ompletes postcourse records, including an accurate roster, grade report, and summary raluation				
☐ Complies with the current, appropriat	Complies with the current, appropriate version of the Program Administration Manual				
☐ Ensures that AHA course completion cards are issued in a timely manner					
Overall comments from TC Coordinator:					
Overall comments from instructor/TCF:					
Overall comments from histractor/ ICF.					
Review of Renewal Checklist is acknowledge	ed by instructor/TCF:				
TCC name:	Instructor/TCF name:				
TCC signature:	Instructor/TCF signature:				
Date:	Date:				
☐ New instructor card issued	Date:				
	Date:				