

# Instructor Agreement Affiliation with North Georgia Tech TC

First and Last Name: \_\_\_\_\_

*(please print)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

Please mark the appropriate disciplines for which you are requesting to become an **Instructor** in:

- BLS
- ACLS
- PALS

*Please include a copy of all current provider cards.*

I, \_\_\_\_\_, do hereby agree to follow the requirements of AHA and NGTC in teaching any and all courses affiliated with AHA. This includes using the appropriate instructor tool kit, providing AHA manuals before, during and after classes to students, and providing cards after the course is completed; as well as submitting the roster to the TC for teaching credit. I realize I must teach 4 courses and be monitored in a two-year period and attend an update in all disciplines I am an instructor in to maintain my current instructor status.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CTC Rep: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit to:** Leslie Foster  
[conted@northgatech.edu](mailto:conted@northgatech.edu)  
North Georgia Technical College  
AHA Training Center  
PO Box 65  
Clarkesville, GA 30523  
706-754-7715