



Instructor Agreement Affiliation with North Georgia Tech TC NGTC AHA TRAINING CENTER



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:

- ☐ Heartsaver Only
- ☐ BLS
- ☐ ACLS
- ☐ PALS
- ☐ ASLS

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: Vicky Frankum
conted@northgatech.edu
North Georgia Technical College
AHA Training Center
PO Box 65
Clarkesville, GA 30523
706-754-7715