

Thank you for becoming an AHA Instructor! We can't wait to have you join our training center! Please use the following packet to become a new instructor as well as affiliating with our training center.

A FEW REMINDERS:

- Please complete one packet per discipline.
- Your instructor card will be mailed to the address listed on the form or if you are affiliated with one of our Training Sites, your card will be sent to the TS Coordinator.
- Card Prices:
 - ▶ All Heartsaver Cards: \$22 ea.
 - ▶ Health Care Provider Cards (BLS): \$9 ea.
 - ▶ ASLS, ACLS and PALS: \$9 ea.
 - ▶ All new Instructor Cards: \$12 ea.
- All course completion cards must be issued within 20 business days of course completion. This time frame is from the day of course completion to the day the card is released to the individual.

Instructions: This checklist may be used to document successful completion of the new instructor requirements and contact information.

A packet must be completed for each discipline you are renewing for (i.e. ACLS, BLS, PALS, Heartsaver).

CHECKLIST

- Affiliation Requested from North Georgia Tech TC
- Completed Instructor Candidate Application
- Completed Monitor Form (completed by TCF)
- Completed Affiliation Agreement
- Class Roster from Instructor Class (completed by TCF)
- Copy of Provider Card
- Instructor Card Payment of \$12

Please send forms and money to:
North Georgia Technical College
Attn: AHA Training Center
PO Box 65
Clarkesville, Georgia 30523

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- Step 1:** After you have taken the Instructor Course, you will need to register as a user on Atlas. Click this link for instructions on how to register in the Atlas platform:
[Job Aid: First-Time Login to Atlas \(PDF\)](#)
- Step 2:** Your Training Center will issue your new instructor eCard once you have completed all the steps necessary to become an instructor.
- Step 3:** Your Instructor eCard will appear on your Atlas Dashboard once it has been issued. You will then be able to request affiliation with the North Georgia Technical College Training Center. The Training Center will approve the "Primary alignment" request once received and agreement forms are signed and returned with instructor candidate application.



American Heart Association Emergency Cardiovascular Care Programs

Instructor Candidate Application

Instructions: To be completed by the instructor candidate with appropriate signatures. Complete 1 application for each discipline.

Application for Instructor Status: Select the discipline you are applying for (select only 1):

- Heartsaver® BLS ACLS ACLS EP PALS PEARS®
 ASLS

Renewal date of provider card: _____

Candidate's name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Instructor Commitment: As an AHA Instructor, I agree to

- Teach at least 4 courses in 2 years in accordance with the guidelines of the AHA
 Maintain a current provider card
 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 instructor candidate: _____ Date: _____

Verification of Instructor Potential: I verify that this instructor candidate has achieved a score of 84% or higher on the provider written examination in the discipline for which he or she is applying and has completed *at least 1* of the following options:

- Has been identified as having instructor potential during performance in a provider course
 Has demonstrated instructor potential during a screening evaluation
 Has demonstrated exemplary performance of provider skills under my direct observation

Signature of Training Center (TC) Faculty/Course Director: _____ (circle appropriate title)

Date: _____



American
Heart
Association.

American Heart Association Emergency Cardiovascular Care Programs

Instructor Candidate Application

TC Alignment and Instructor Network Verification: TC Coordinator of aligning TC has verified the following:

- I approve this application and grant alignment with this TC for this applicant. I agree to all responsibilities for this instructor as outlined in the current *Program Administration Manual*.
- I verify that this instructor is registered on the Instructor Network and has been approved as an instructor in this discipline and is aligned with this TC.

Instructor ID #: _____ Renewal Date: _____

TC Name: _____ TC ID #: _____

Signature of TC Coordinator: _____ Date: _____



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