



**American Heart Association Emergency Cardiovascular Care Programs  
Training Center Faculty (TCF) Candidate Application**

**Instructions:** To be completed by TCF candidate with appropriate signatures.

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

Discipline:  BLS  ACLS  PALS Instructor ID #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Expiration date of instructor card: \_\_\_\_\_

Letter of recommendation from Regional Faculty or TCF member attached

**TCF Commitment:** As a TCF member, I agree to teach at least 4 provider courses in 2 years plus 1 instructor course and to monitor instructors/instructor candidates/course directors 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.

\_\_\_\_\_  
Signature of Training Center Faculty Candidate

\_\_\_\_\_  
Date

**TC Alignment:** I approve this application and have provided documentation that the candidate has been an instructor for a minimum of 2 years or has taught a minimum of 8 courses with positive evaluations by students. I grant alignment with this Training Center for this applicant and agree to all responsibilities for this TCF member as outlined in this manual.

Name of Training Center: \_\_\_\_\_

Training Center ID #: \_\_\_\_\_

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