American Heart Association Emergency Cardiovascular Care Program
Instructor/TCF Renewal Checklist

Instructions: This checklist may be used to document successful completion of Instructor/TCF renewal requirements and contact information. The completed form is kept in the Instructor's file at the Training Center.

Instructor/TCF Contact Information (Please Print Legibly)

Name: _____ Instructor ID #: _____

Address: _____

Phone: _____ Fax: _____ **E-Mail:** _____

Discipline: ☐BLS ☐ACLS ☐PALS ☐ACLS EP ☐ Heartsaver ☐ Heartsaver First Aid **Expiration Date:** _____

☐BLS TCF ☐ACLS TCF ☐PALS TCF **Expiration Date**: _____

Do you wish to receive a new **provider card?** ☐Yes ☐ No **If Provider Card Requested indicate Instructor Name for each discipline, provider card requested.** ☐BLS _____ Instructor ☐ ACLS _____Instructor

☐ PALS _____ Instructor ☐ Heartsaver First Aid CPR/AED _____Instructor **Card costs below**

If TCF and your card expires and you wish to be reappointed as TCF please indicate discipline. ☐BLS ☐ACLS ☐PALS

Primary TC: **Mid-Carolina AHEC, Inc. Training Center** **Name of TC Coordinator:** **Julie Ghent**

Instructor/TCF Card Costs: Consortium Members: $15.00/discipline Non-Consortium Members: $25.00/discipline

Provider Card Costs:

Consortium Members		Non-Consortium Members	
BLS	$ 3.00	BLS	$ 5.00
ACLS and PALS	$ 7.00	ACLS and PALS	$12.00

Renewal Checklist

☐ Provider skills successfully demonstrated. Date: _____ Method: _____

☐ Provider/Instructor examination completed with a score of 84% or higher. Date: _____Score: _____

☐ At least 4 Provider Courses taught in past two years for each discipline you instruct. (List below)

☐ Training Center Faculty (TCF) one Instructor/Instructor Renewal Course taught in past two years. (List below.)

Teaching Activity

Course Name	Date	Location (TC/Site)	Station/Module
1.			
2.			
3.			
4.			

Instructor/Instructor Renewal Course (For TCF Renewal)

1.			

Additional courses may be attached or listed on the back of this form.

Training Center Use Only:

___ New Instructor Card issued. Date:_____
___ New Provider Card issued. Date: _____
___TCF status maintained. Date: _____

Mid-Carolina AHEC
"Excellence in Health Care Through Education"

Date Received: _____Cash/Check#:_____Amount: _____Initials: _____