

**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:** Cheri Plyler

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

Provider Card Costs:

| | |
|---------------------------|-------------------------------|
| <u>Consortium Members</u> | <u>Non-Consortium Members</u> |
| 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: _____



Date Received: _____ **Cash/Check#:** _____ **Amount:** _____ **Initials:** _____