

American Heart Association Emergency Cardiovascular Care Programs Training Center Faculty Candidate Application

Instructions: To be completed by the Training Center Faculty (TCF) candidate with appropriate signatures.

Name: _____

Instructor ID #: _____ Expiration date of instructor card: _____

Discipline: BLS ACLS PALS

Mailing address: _____

City: _____ State: _____ Phone: _____

Email: _____

Letter of recommendation from Regional Faculty or TCF member is attached.

TCF Commitment: As a TCF member, I agree to

- Teach at least 4 provider courses in 2 years
- Teach 1 instructor course in 2 years
- Monitor instructors/instructor candidates/Course Directors in accordance with the guidelines of the AHA
- 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 TCF candidate: _____ Date: _____

TC Alignment: I approve this application and grant alignment with this TC for this applicant and agree to all responsibilities for this TCF member, as outlined in the current *Program Administration Manual*.

Name of TC: _____

TC ID #: _____

Signature of TC Coordinator: _____ Date: _____