



American  
Heart  
Association.

## American Heart Association Emergency Cardiovascular Care Programs Instructor/Training Center Faculty Renewal Checklist

**Instructions:** This checklist may be used to document successful completion of instructor/Training Center Faculty (TCF) renewal requirements and contact information. It is recommended that the TC keep the completed form in the instructor's file.

**Complete 1 form per renewing discipline.**

*To be used in conjunction with the Instructor Monitoring Tool.*

### SECTION 1:

#### General information for the renewing instructor or TCF member.

Renewing discipline:

Heartsaver®     BLS     ACLS     ACLS EP     PALS     PEARS®

Instructor ID#: \_\_\_\_\_ Expiration date of instructor card: \_\_\_\_\_

Primary TC name: \_\_\_\_\_ TC ID #: \_\_\_\_\_

TC Coordinator's name: \_\_\_\_\_

Instructor's or TCF's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### SECTION 2:

#### Instructor or TCF member teaching, monitoring, and update activity for renewal.

Instructor/TCF monitoring completed successfully:

Course name: \_\_\_\_\_

Date: \_\_\_\_\_ TCF observer name: \_\_\_\_\_

Instructor/TCF update(s) attended:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Instructor Essentials course completed (if applicable):

Date: \_\_\_\_\_ Location: \_\_\_\_\_



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**Complete 1 form per renewing discipline.**

*To be used in conjunction with the Instructor Monitoring Tool.*

### SECTION 1:

#### General information for the renewing instructor or TCF member.

Renewing discipline:

Heartsaver®     BLS     ACLS     ACLS EP     PALS     PEARS®

Instructor ID#: \_\_\_\_\_ Expiration date of instructor card: \_\_\_\_\_

Primary TC name: \_\_\_\_\_ TC ID #: \_\_\_\_\_

TC Coordinator's name: \_\_\_\_\_

Instructor's or TCF's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### SECTION 2:

#### Instructor or TCF member teaching, monitoring, and update activity for renewal.

Instructor/TCF monitoring completed successfully:

Course name: \_\_\_\_\_

Date: \_\_\_\_\_ TCF observer name: \_\_\_\_\_

Instructor/TCF update(s) attended:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Instructor Essentials course completed (if applicable):

Date: \_\_\_\_\_ Location: \_\_\_\_\_