



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

2503 18th Avenue • Fairbanks, Alaska 99709
Phone (907) 456-3978 • Fax (907) 456-3970

AHA TRANSFER INSTRUCTOR CHECKLIST

Instructor's Name: _____ Date: _____

Please circle class this sheet pertains to:

BLS

HEARTSAVER

ACLS

PALS

Pre-transfer Paperwork

- Copy of Current Instructor Card
- Copy of Current Provider Card **or** Instructor Renewal Checklist
- Complete Records Transfer Request
- Complete a Memorandum of Understanding
- Complete an IREMSC Credit Application
- Change TC Affiliation on AHA Instructor website

Transfer Paperwork (IREMSC OFFICE ONLY)

- Transfer Request Sent on : _____
Contacted CTC on: _____
Contacted CTC on: _____
- Records From Former CTC Received: _____
- AHA Instructor ID# Received: _____

After Course Paperwork

- Verify TC Affiliation on AHA Instructor website
- Set up an enrollware account and scan in all paperwork.
- Instructor Has Received New AHA Instructor Packet
- Email appropriate tests to instructor (Only Course Directors get ACLS & PALS tests)

American Heart Association Emergency Cardiovascular Care Programs Instructor Records Transfer Request

Instructions: When an instructor wants to transfer to a different Training Center (TC), this form must be completed by the instructor, the transferring TC Coordinator (TCC) and the accepting TCC. The transferring TCC returns the completed form with the instructor's records to the accepting TCC. The accepting TCC contacts the instructor when the transfer is complete.

SECTION 1:

To be completed by the TCC of the accepting TC and sent or given to the transferring instructor.

Our TC is willing to accept the instructor named below as an instructor at our TC.

Instructor's name: _____ Instructor ID#: _____

We agree to keep and maintain all instructor records in accordance with our TC Agreement with the AHA and the *Program Administration Manual*.

TC name: _____ TC ID#: _____

TC address: _____

City: _____ State: _____ Phone: _____

Signature of TCC: _____ Date: _____

SECTION 2:

To be completed by the instructor who is transferring and sent or given to the transferring TCC.

I, _____, Instructor ID# _____, authorize the transfer of my instructor records for Heartsaver® BLS ACLS ACLS EP PALS PEARS®

from TC name: _____ TC ID#: _____

to TC name: _____ TC ID#: _____

Instructor's home address: _____

Home phone: _____ Work phone: _____

SECTION 3:

To be completed by the current TCC and sent with the records being transferred.

Note: All applicable instructor records, as outlined in the Program Administration Manual, must be transferred. The transferring TC must keep copies of all transferred records for 3 years.

TC name: _____ TC ID#: _____

TC address: _____

TC address: _____

City: _____ State: _____ Phone: _____

Signature of TCC: _____ Date: _____



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Instructor/Rental COD Account Application

Contact Information

Applicant's Name:

Company name (if applicable):

Phone:

Fax:

E-mail:

Mailing address:

City:

State:

ZIP Code:

Drivers License Number:

Driver's License State:

DOB:

Agreement

1. Claims arising from invoices must be made within seven working days.
2. I agree to pay fees that may be applied to my account for repair or replacement of damaged equipment, lost equipment or missing items. These charges must be made within 15 business days of the rental return.
3. I agree to pay late fees of \$5.00 per day for each video rented, \$10.00 per day for each piece of equipment rented until the replacement cost of the item is reached.

Signatures

Signature:

Printed Name:

Date:



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MEMORANDUM OF UNDERSTANDING

This agreement is between Interior Region Emergency Medical Services Council, Incorporated, (herein after called "IREMSC"), an approved American Heart Association (AHA) Community Training Center (CTC) and

_____ (herein after called the "Instructor").

(print name clearly)

SERVICE TO BE PERFORMED

1. The Instructor agrees to conduct courses only within the Geographic Territory (Alaska), and conform to the requirements of the program guidelines and the curriculum set out in the applicable AHA Instructor's Manual.
2. The Instructor agrees to safeguard course completion cards and written examinations from unauthorized distribution and use the latest AHA training materials for all courses conducted.
3. The Instructor agrees to provide the below listed paperwork prior to the issuance of course completion cards:
 - A. Completed course roster submitted online, to include names of assisting instructors.
 - B. Student evaluation form
4. The Instructor agrees to read the following disclaimer at the course and/or printed on all promotional brochures, announcements or agendas:

"The American Heart Association strongly promotes knowledge and proficiency in CPR and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the association."

5. The Instructor agrees to only use student evaluation forms and course rosters issued by the AHA.
6. The Instructor understands that failure to comply with the above or other actions deemed inappropriate by the CTC will result in termination of instructor affiliation with the CTC and/or AHA administrative action.

PERIOD OF PERFORMANCE

The term of this agreement shall become effective when signed by the instructor and a representative of IREMSC. This agreement shall be in effect as long as the instructor maintains a current instructor card or transfers out of the training center.

This agreement may be terminated by either party, with or without cause, upon 60 days prior written notice.

TAXES, LICENSES, AND PERMITS

The Instructor affirms that it has paid all taxes and licenses and secured the necessary permits by any Federal, State or local ordinances.

BENEFITS AND INSURANCE

The Instructor understands that he/she is not an employee of IREMSC or the American Heart Association and as such is not entitled to company benefits or insurance.

ASSIGNMENTS AND SUBCONTRACTS

No portion of this agreement may be assigned, delegated, or subcontracted without prior written permission.

INDEMNIFICATION

The Instructor hereby agrees to indemnify, defend and hold harmless the CTC, AHA and its affiliates, and their officers, employees, volunteers, and agents from and against all claims, damages, liabilities, suits, and expenses (including reasonable attorney's fees) arising out of or in connection with (a) Courses offered or provided by the instructor, their employees or agents; (b) acts or omissions by the Instructor; and (c) any breach by the Instructor of the terms of this agreement. However, this indemnity obligation shall not extend to claims, damages liabilities, suits and expenses caused solely from the science content of any AHA Materials when used by the instructor in full compliance with the Program Guidelines and the curriculum set out in the applicable AHA Instructor's Manual.

INSTRUCTOR'S MAILING ADDRESS:

Home/Cell Phone: _____

Work Phone: _____

Email: _____

INSTRUCTOR

IREMSC

BY: _____
Signature

BY: _____

DATE: _____

DATE: _____

Check here if you would like your name and phone number to be available to the public for your services. (This can include web page and fax requests for instructors.)