



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

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

AHA New Instructor Checklist

Instructor's Name: _____ Date: _____

Please select the class this sheet pertains to: *(Select 1 only)*

ACLS BLS Heartsaver PALS

All paperwork must be received before issuing a new instructor card

Date of Instructor Course: _____ *(MUST BE MONITORED WITHIN 6 MONTHS OF THIS DATE)*

- Instructor Candidate Application
- Copy Of Current Provider Card *(Front & Back)*
- Copy Of BLS Instructor Essentials Completion Certificate
- Copy Of Heartcode BLS Completion Certificate
- Signed Memorandum Of Understanding
- Signed COD Account Application
- Signed Credit Card Authorization Form *(Filed In COD Account)*
- Joined AHA Training Network Using Personal Email *(<http://atlas.heart.org>)*

IREMSC Office Info:

- Collect Completed Forms and Save in Instructor File
- Enrollware Account Set Up
- Sage (COD) Account Set Up
- After Monitoring Has Been Completed*
- Process Monitoring Form Entered in Monitoring Spreadsheet
- Issue New Provider and Instructor eCards
- Send Alignment Request to Instructor in AHA AHA ID: _____
- Email: Enrollware Info, IREMSC Policies, AHA Student Evaluations and AHA Exams