



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



American Heart Association Emergency Cardiovascular Care Programs

Instructor Candidate Application

Instructions: To be completed by the instructor candidate with appropriate signatures. Complete 1 application for each discipline.

Application for Instructor Status: Select the discipline you are applying for (select only 1):

- Heartsaver® BLS ACLS ACLS EP PALS PEARS®
 ASLS

Renewal date of provider card: _____

Candidate's name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Instructor Commitment: As an AHA Instructor, I agree to

- Teach at least 4 courses in 2 years in accordance with the guidelines of the AHA
 Maintain a current provider card
 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 instructor candidate: _____ Date: _____

Verification of Instructor Potential: I verify that this instructor candidate has achieved a score of 84% or higher on the provider written examination in the discipline for which he or she is applying and has completed *at least 1* of the following options:

- Has been identified as having instructor potential during performance in a provider course
 Has demonstrated instructor potential during a screening evaluation
 Has demonstrated exemplary performance of provider skills under my direct observation

Signature of Training Center (TC) Faculty/Course Director: _____ (circle appropriate title)

Date: _____



American Heart Association Emergency Cardiovascular Care Programs

Instructor Candidate Application

TC Alignment and Instructor Network Verification: TC Coordinator of aligning TC has verified the following:

- I approve this application and grant alignment with this TC for this applicant. I agree to all responsibilities for this instructor as outlined in the current *Program Administration Manual*.
- I verify that this instructor is registered on the Instructor Network and has been approved as an instructor in this discipline and is aligned with this TC.

Instructor ID #: _____ Renewal Date: _____

TC Name: _____ TC ID #: _____

Signature of TC Coordinator: _____ 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.)



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Instructor/Rental Cash on Delivery (COD) Account Application		
Contact Information		
Applicant's Name:		
Phone:	Cell:	
Fax:		
E-mail:		
Mailing address:		
City:	State:	ZIP Code:
Drivers License Number:	Driver's License State:	DOB:
Agreement		
<p>1. Claims arising from invoices must be made within seven working days.</p> <p>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 by IREMSC within 30 business days of the rental return.</p> <p>3. I agree to comply with the late fee policy applicable to rented items, as outlined by the current terms and conditions. Late fees will be incurred for overdue videos and equipment rentals, with the specific amounts subject to change based on the most recent policy updates.</p>		
Signatures		
Signature:		
Printed Name:		
Date:		



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Credit Card Authorization Form

I hereby authorize **Interior Region Emergency Medical Services Council, Inc. (IREMSC)** to securely store my credit card information. This authorization is to settle outstanding invoices, facilitate recurring charges, rectify any transactions credited/debited in error, and collect late fees related to rentals or invoices.

Upon processing this form, the detachable section containing credit card details will be promptly shredded and destroyed. Any necessary changes require the completion of a new form.

Your card will be used exclusively for transactions directly related to outstanding invoices, recurring charges, adjustments for errors, and the collection of late fees associated with rentals or invoices, as agreed upon.

This authorization remains valid until written notice of cancellation is provided to IREMSC. Please allow a reasonable time for both IREMSC and the Credit Card Company to take appropriate action.

Credit Card Holder's Name: _____

Credit Card Holder's Email: _____

Credit Card Holder's Phone: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code _____

Last 4 of Authorized Credit Card: _ _ _ _

Signature: _____

Office: Detach Here After Processing Form

Card Type: Visa MasterCard

Credit Card Number: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

Security Code: _ _ _ Expiration Date: _ _ / _ _

American Heart Association Emergency Cardiovascular Care Program

Instructor Monitor Tool

Instructions: Training Faculty (TF) should use this form to assess the competencies of instructor candidates and renewing instructors. For each competency, there are several indicators or behaviors that the instructor may exhibit to demonstrate competency.

To be used in conjunction with the Instructor/TF Renewal Checklist.

Role of the TF Observer:

The role of the TF observer for this monitoring is to observe only. Debriefing or correcting the instructor during the course should be avoided. If critical components are not being completed, contact the TC Coordinator or Course Director outside the classroom setting immediately.

Evaluating the Critical Actions:

The following questions are critical actions required for a successful course. Each item is written to maximize the objectivity and minimize the subjectivity of the evaluator. For each item, mark one of the following:

- Yes** for items present or completed if there are no required changes for improvement. There may be recommendations for improvement and comments but no required changes.
- Yes with req.** (Yes with requirements) for items that were completed but changes are required for full compliance. Fill in the comment box with the required change and rationale.
- No** if the required action was not done or was done incorrectly.
- Not Observed** for items the observer did not witness during monitoring.

SECTION 1: General information for the individual and course being observed.

Instructor or instructor candidate name: _____

Instructor ID #: _____ Instructor card expiration date: _____

Course reviewed: Heartsaver® BLS ACLS ACLS EP PALS PEARS®

ASLS

Purpose of review: Initial application Instructor renewal Remediation

Instructor Monitor Tool

SECTION 2: Instructor competencies and indicators. Observed by TF in a class setting.

Course Delivery: Presents AHA course content as intended by using AHA course curricula and materials

- 2.1 Delivers all core content consistent with AHA published guidelines, Instructor Manual, Lesson Plans, and agenda

Yes	Yes with req	No	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's comments:

- 2.2 Uses videos, checklists, equipment, and other tools as directed in the Instructor Manual

Yes	Yes with req	No	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's comments:

- 2.3 Allows adequate time for content delivery, skills practice, and debriefing

Yes	Yes with req	No	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's comments:

Instructor Monitor Tool

2.4 Promotes retention by reinforcing key points

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.5 Delivers course in a safe and nonthreatening manner

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.6 Relates course material to audience (prehospital or in-facility)

Yes

Yes with req

No

Not observed

Reviewer's comments:

Instructor Monitor Tool

2.7 Effectively operates technology used in the course

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.8 Adapts terminology appropriate to location, audience, and culture

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.9 Accommodates students who have disabilities and other special needs

Yes

Yes with req

No

Not observed

Reviewer's comments:

Instructor Monitor Tool

2.10 Provides timely and appropriate feedback to students

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.11 Uses principles of effective team dynamics during small group activities

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.12 Facilitates debriefings after scenarios to improve individual and team performance

Yes

Yes with req

No

Not observed

Reviewer's comments:

Instructor Monitor Tool

Testing and Remediation: Measures students' skills and knowledge against performance guidelines and provides remediation when needed to consolidate learning

2.13 Tests students by using AHA course materials according to instructions in the Instructor Manual

Yes	Yes with req	No	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's comments:

2.14 Provides feedback to students in a private and confidential manner

Yes	Yes with req	No	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's comments:

2.15 Provides remediation by directing students to reference material and by providing additional practice opportunities

Yes	Yes with req	No	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's comments:

Instructor Monitor Tool

2.16 Retests students when indicated

Yes

Yes with req

No

Not observed

Reviewer's comments:

Professionalism: Maintains a high standard of ethics and professionalism when representing the AHA

2.17 Demonstrates professional behavior in physical presentation and teaching, including enthusiasm, honesty, integrity, commitment, compassion, and respect

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.18 Follows HIPAA, FERPA, and/or local guidelines maintaining confidentiality

Yes

Yes with req

No

Not observed

Reviewer's comments:

Instructor Monitor Tool

2.19 Recognizes and appropriately responds to ethical issues encountered in training

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.20 Maintains student confidentiality when appropriate

Yes

Yes with req

No

Not observed

Reviewer's comments:

Overall comments from TF observer:

Review completed:

Successful

Comment:

Instructor Monitor Tool

Remediation needed

Comment:

Unsuccessful

Comment:

TF name: _____

TF signature: _____ Date: _____



Instructor Monitor Tool

SECTION 3: Review of candidate or instructor. To be completed by TC Coordinator.

I have reviewed the Instructor Monitor Tool with my TC Coordinator, and my instructor status has been reviewed with me. Overall comments from monitored candidate or instructor:

Candidate or instructor name: _____

Candidate or instructor signature: _____ Date: _____

TC Coordinator name: _____

TC Coordinator signature: _____ Date: _____