

INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

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AHA Transfer Instructor Checklist Instructor's Name: Date:				
Please select the disc	pipline this sheet p	ertains to:		
ACLS	BLS	Heartsaver	PALS	
Pre-transfer Paperv	work:			
Copy of Current Instructor Card				
Copy of Current Provider Card <u>or</u> Instructor Renewal Checklist				
Complete Records Transfer Request				
Complete a Memorandum of Understanding				
Signed COD Account Application				
Signed Credit Card Authorization Form (Filed In COD Account)				
Change TC Affiliation on AHA Instructor website (<u>http://atlas.heart.org</u>)				
Transfer Paperworl	k (IREMSC OFFI	CE ONLY):		
Transfer Request Sent on:				
Contacted CTC on:				
Records From Former CTC Received:				
AHA Instructor ID# Received:				
After Course Paper	work:			
Verify TC	Affiliation on AH	A Instructor website		
Set up an Enrollware account and scan in all paperwork				
Email: Enrollware Info, IREMSC Policies, AHA Student Evaluations and AHA Exams (Only Course Directors get ACLS & PALS tests)				