



# INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

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

## AHA Transfer Instructor Checklist

Instructor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please select the discipline this sheet pertains to:

ACLS       BLS       Heartsaver       PALS

### Pre-transfer Paperwork:

- Copy of Current Instructor Card
- Copy of Current Provider Card **or** Instructor Renewal Checklist
- Complete Instructor Records Transfer Request
- Instructor Candidate Application
- Signed Memorandum of Understanding
- COD Account Application
- Credit Card Authorization Form (*Filed in COD Account*)
- Change TC Affiliation on AHA Instructor website (<http://atlas.heart.org>)

### 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 Paperwork is Received:

- Verify TC Affiliation on AHA 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*)



## 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: \_\_\_\_\_ Zip code: \_\_\_\_\_ 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<sup>®</sup>  BLS  ACLS  ACLS EP  
 PALS  PEARS<sup>®</sup>  ASLS

from TC name: \_\_\_\_\_ TC ID#: \_\_\_\_\_

to TC name: \_\_\_\_\_ TC ID#: \_\_\_\_\_

Instructor's home address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

---



American  
Heart  
Association.

## American Heart Association Emergency Cardiovascular Care Programs

### Instructor Records Transfer Request

**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: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of TCC: \_\_\_\_\_ Date: \_\_\_\_\_



## 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: \_\_\_\_\_



Interior Region Emergency  
Medical Services Council, Inc.  
2503 18<sup>th</sup> Ave Fairbanks, Alaska 99709  
PHONE (907) 456-3978 • FAX (907) 456-3970

## 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.)



# INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

2503 18<sup>th</sup> Avenue • Fairbanks, Alaska 99709

Phone (907) 456-3978 • Fax (907) 456-3970

<b>Instructor/Rental Cash on Delivery (COD) Account Application</b>		
<b>Contact Information</b>		
Applicant's Name:		
Phone:	Cell:	
Fax:		
E-mail:		
Mailing address:		
City:	State:	ZIP Code:
Drivers License Number:	Driver's License State:	DOB:
<b>Agreement</b>		
<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>		
<b>Signatures</b>		
Signature:		
Printed Name:		
Date:		





# INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

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

## 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:    \_    \_    /    \_    \_