



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

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

Instructor Renewal Checklist

Instructor's Name: _____ Date: _____

Please select the discipline you are renewing:

(Select 1 only)

ACLS

BLS

Heartsaver

PALS

Attach the signed and completed AHA Monitoring Form

**All paperwork and payment must be received before new eCards are issued*

***You must contact IREMSC to arrange payment*

IREMSC Office Info:

Receive the completed AHA Monitoring Form

Process Payment

Issue new instructor eCard

Issue new provider eCard

Scan and file renewal paperwork to Enrollware and instructor file

Update expiration dates in Enrollware

Update *Monitored Instructors Tracking* Spreadsheet



American Heart Association Emergency Cardiovascular Care Programs

Instructor/Training Faculty Renewal Checklist

Instructions: This checklist may be used to document successful completion of instructor/Training Faculty (TF) renewal requirements and contact information. It is recommended that the TC keep the completed form in the instructor's file.

Complete 1 form per renewing discipline.

To be used in conjunction with the Instructor Monitoring Tool.

SECTION 1:

General information for the renewing instructor or TF member.

Renewing discipline:

- Heartsaver® BLS ACLS ACLS EP PALS PEARS®
 ASLS

Instructor ID#: _____ Expiration date of instructor card: _____

Primary TC name: _____ TC ID #: _____

TC Coordinator's name: _____

Instructor's or TF's name: _____

Mailing address: _____

City: _____ State: _____

Zip code: _____ Phone: _____

Email: _____

SECTION 2:

Instructor or TF member teaching, monitoring, and update activity for renewal.

Instructor/TF monitoring completed successfully:

Course name: _____

Date: _____ TF observer name: _____



American Heart Association Emergency Cardiovascular Care Programs

Instructor/Training Faculty Renewal Checklist

Instructor/TF update(s) attended:

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Instructor Essentials course completed (if applicable):

Date: _____ Location: _____



American Heart Association Emergency Cardiovascular Care Programs

Instructor/Training Faculty Renewal Checklist

At least 4 provider courses taught in the past 2 years or waiver obtained (list classes below; additional classes may be attached or listed on the back of this form)

Course Name	Date	Location (TC or Site)	Station or Module

If applicable (for TF), at least 1 instructor/instructor renewal course taught in the past 2 years (list courses below)

Course Name	Date	Location (TC or Site)	Station or Module

SECTION 3:

Administrative Review of Conflict of Interest and Code of Conduct. Reviewed by TC Coordinator with instructor.

Professional Behavior: The *Program Administration Manual* provides specific guidelines regarding code of conduct and conflict of interest for all representatives of the AHA as leaders in the community. Instructors need to comply with these AHA guidelines because they represent the AHA while they are conducting courses.

Endorses the ECC Leadership Code of Conduct

Date of review: _____

Acknowledges the AHA Statement of Conflict of Interest

Date of review: _____



American Heart Association Emergency Cardiovascular Care Programs

Instructor/Training Faculty Renewal Checklist

SECTION 4:

Administrative Competencies and Indicators. Observed by TC Coordinator through regular teaching activities

Cognitive and Psychomotor Skills: Maintains proficiency in provider-level cognitive and psychomotor skills; fulfills requirements for initial or renewal instructor certification

- Demonstrates proficiency in provider-level skills
- Teaches at least the minimum number of classes per cycle
- Is aligned on the Instructor Network
- Completes the required provider and instructor updates
- Provides precourse instructions and resources to students before the course
- Uses student and Faculty feedback to improve teaching performance
- Ensures equipment is in working order and is available in sufficient quantity, as recommended
- Secures and protects testing materials
- Decontaminates/cleans equipment according to the manufacturer's instructions

Program Administration: Successfully manages available resources, including time, materials, space, and budget, to deliver high-quality training in accordance with AHA guidelines

- Completes postcourse records, including an accurate roster, grade report, and summary evaluation
- Complies with the current, appropriate version of the *Program Administration Manual*
- Ensures that AHA course completion cards are issued in a timely manner

Overall comments from TC Coordinator:



American Heart Association Emergency Cardiovascular Care Programs

Instructor/Training Faculty Renewal Checklist

Overall comments from instructor/TF:

Review of Renewal Checklist is acknowledged by instructor/TF:

TCC name: _____ Instructor/TF name: _____

TCC signature: _____ Instructor/TF signature: _____

Date: _____ Date: _____

New instructor card issued Date: _____

TF status maintained 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

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

Reviewer's comments:

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

Yes

Yes with req

No

Not observed

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

Reviewer's comments:

2.14 Provides feedback to students in a private and confidential manner

Yes

Yes with req

No

Not observed

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

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: _____