



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 only 1 discipline)*

ACLS

BLS

*(Will also certify you
in Heartsaver)*

Heartsaver

PALS

All paperwork for the applicable discipline must be received before you can become certified

Instructor Course Date(s): _____

Instructor Candidate Application

Copy Of Current Provider Card *(Front & Back if wallet size)*

Copy Of Instructor Essentials Completion Certificate

Signed Memorandum of Understanding

Signed COD Account Application

Signed Credit Card Authorization Form *(Will be saved in your 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: _____



Interior Region Emergency
Medical Services Council, Inc.
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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.)



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

2503 18th Avenue • Fairbanks, Alaska 99709

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

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

1. Claims arising from invoices must be made within seven working days.
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.
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.

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: _ _ / _ _



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

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Training Center Policy and Procedures

Courses

1. Course Rosters must be finalized and paid within 5 working days of the course date. Cards will be distributed electronically within 1-20 days of receiving payment for a finalized roster.
2. Finalized rosters with future dates are not permitted. Rosters should only be finalized after the class has been conducted.
3. All course rosters must list the full name, complete home address, zip code, and participants' email. The roster must reflect whether the course is a blended course (*online certification plus skills check*) or an entire course. Contact the TC if you need the correct course options.
4. Course rosters must include information demonstrating appropriate instructor-to-student, student-to-mannequin ratios, and adequate time frames. BLS requires 1 mannequin for every 3 students. BLS, ACLS, PALS, and PEARS: 6 students to 1 instructor.
5. Course rosters must be properly completed in Enrollware and submitted with the student's names correctly spelled and capitalized. Cards will be printed exactly as entered into Enrollware. If data entry mistakes are made, the instructor will be responsible for paying for the replacement cards.
6. Payment for cards is required with the finalization of the roster. Payment may be made online using Enrollware unless the instructor has previously set up a net 30 charge account or made other arrangements.
7. **Cards will not be issued without prior payment.** It is our policy to deal with instructors **only** for payment. Students will not be allowed to pay for initial cards. If the student is paying for the card, the **instructor must collect** the payment from the student.
8. Evaluations **must** accompany ALL rosters. Attach them to Enrollware, email them, or bring them to the office. The current evaluations are available on www.iremsc.org.

*Please note: these paper evaluations are different than the online ones
when claiming the eCards*

9. A lead instructor or course director must be affiliated with the IREMSC TC and sign all rosters.
10. lead instructors are responsible for ensuring that assisting instructors hold valid American Heart Association Basic Life Support Instructor, Advanced Cardiac Life Support Instructor, and Pediatric Advance Life Support cards. All lead instructors MUST be aligned with IREMSC.
11. All Healthcare Providers, which includes BLS, ACLS, and PALS, must take the final written exam, and this score must be recorded on the rosters. Please remember that the passing score is 84%.
12. Compliments and complaints about instructors, TC Faculty, or the TC should be in writing and directed to the Training Center Coordinator. Complaints may also be documented on the student evaluation comment form and sent directly to IREMSC TC. Comments about the performance of instructors and suggestions are encouraged. All information is confidential.
13. Course fees and advertising must be in accordance with current American Heart Association guidelines. A disclaimer must be put in the pre-course material.
14. Replacement course completion cards are issued on request. A fee will be charged to replace cards. Replacement fees must be paid before the card can be issued. Instructors and students must contact IREMSC TC directly.
15. Instructors must have access to the Internet and an email address. All instructor information must be kept current with the TC. Instructors must update any personal information with the TC within 5 working days.

Instructor Responsibilities

1. Responsibilities as stated in the corresponding instructor manual.
2. Instructors are required to have an instructor manual and provider/student manual for each discipline they teach.
3. Instructors must have a firm working knowledge of the current provider course materials, which is maintained by teaching regularly and attending instructor updates as offered.
4. ACLS and PALS instructors must have an in-depth knowledge of adult and/or pediatric ECC.
5. Instructors must instruct students concerning the objectives of the entire program and evaluate students' progress toward objectives.
6. Instructors must train provider candidates according to AHA guidelines.
7. Instructors must teach at least four classes in two (2) years. ACLS and PALS instructors will participate in at least four courses in two (2) years (minimum of 4 hours per class).
8. If the instructor teaches for more than one TC, the instructor must submit data regarding training activities to the primary TC.
9. Instructors must maintain TC's equipment properly and abide by the current IREMSC Rental Policy.
10. Instructors must ensure that the course location is safe and has an environment that is non-hostile and free of intimidation.

New Instructors First Monitored Course

1. Set a date for your class. There is a maximum of 6 students for the first course taught.
2. Contact a Training Center Faculty (TCF) member and arrange for them to monitor you. If you are teaching a BLS provider course, ask the monitor to bring the exams with them. Give them plenty of advance notice. They are volunteers. Do not expect them to drop everything to monitor you.
3. Contact IREMSC to ensure Enrollware is set up **before your class start date**. At this time, you will be given your login information to Enrollware.
4. Teach your course according to AHA and the TC's guidelines.
5. Have your monitor sign the form, and you sign the monitoring form. Your monitor or you will bring the form to IREMSC.
6. Ensure you have attached the required course evaluations and the instructor course evaluation completed by the students.
7. Complete your roster on Enrollware, put the necessary documentation in the notes, and finalize the roster.
8. The cards will be emailed directly to the students.

Requesting and Receiving AHA eCards

AHA eCards may be purchased from the IREMSC Training Center only by IREMSC AHA affiliated Instructors, Training Center Faculty, and Regional Faculty who have copies of an appropriate current Instructor Card on file with IREMSC.

The card request in Enrollware must be accompanied by

- A completed course roster and course evaluations
- A method of payment

The roster must be submitted via Enrollware. It is preferred that evaluations be scanned and attached. If the instructor cannot scan the required paperwork, they must be routed to IREMSC and include the instructor's name and date of class.

Instructors are responsible for the payment of cards. The cards will NOT be issued without an identified payment method. Instructors must pay via Enrollware, have a credit card on file with notes to charge the card, or put on an existing charge account (*with approval from the company that has the charge account*). **IREMSC will not bill the student directly.**

Please allow a turnaround of 1-20 business days following submission and payment of the roster in Enrollware.

Renewal Completion Requirements

1. Instructors must teach 4 courses of each discipline they instruct. The Training Coordinator may waive the teaching requirement under the following circumstances:
 - a. The instructor was called to active military duty.
 - b. The instructor was ill or injured in such a way that caused the instructor to take a significant leave from employment or teaching duties. The instructor will need to get medical documentation to confirm this.
 - c. There were a limited number of courses offered in an area because of a lack of audience or a delay in the course material.
2. The instructor renewal checklist must be completed and submitted to the Training Center. Renewal paperwork is located on IREMSC's website.
3. The instructor must have their skills verified and pass the provider test or have a current CPR card for their level of instructor card.
4. All instructors must be monitored once every 2 years for each discipline they teach. The instructor must be monitored for renewal in the last year of their certification cycle.
5. Attend all Instructor updates.
6. The instructor must renew their card before expiration to remain eligible to teach AHA classes. There is no grace period for renewal.
 - a. **For instructors whose certification has not yet expired:** They must schedule a course no later than within the final month of their certification period for monitoring. They may choose to follow the regular renewal process, either by taking a refresher course or being monitored by a Training Center Faculty Member.
 - b. **For instructors whose certification has expired and failed to meet renewal standards:** They must retake the BLS Instructor Initial Course. They are no longer eligible for monitoring by a Training Center Faculty Member and cannot teach until they have completed the initial instructor course again.

If an instructor cannot meet the requirements due to extraordinary measures, they will be reviewed on a case-by-case basis by the IREMSC Training Coordinator.

Training Center Faculty

1. Training Center Faculty (TCF) positions are filled by invitation only, usually after a course director/TCF has made a recommendation. Contact the Training Coordinator for more information on becoming TCF.
2. TCF monitor new instructors, monitor renewing instructors, and teaches instructor courses.
3. TCF are oriented by TC Staff, covering the Program Administration Manual (PAM), IREMSC's Policy and Procedures and all paperwork.

Guidelines for Equipment Use

Please email resources@iremsc.org

A limited supply of mannequins and teaching aids are currently available for rent from IREMSC. Instructors wishing to use these resources must plan well in advance.

1. Instructors are responsible for arranging equipment rentals at least 2 weeks before the class start date, including your preferred pickup date (Less notice and your equipment needs may not be met.)
2. Equipment will be available for pick up 1 day before the class at IREMSC's office unless other arrangements are made in advance keeping in mind the of the 2 week notice.
3. Equipment may be picked up and dropped off 9:00 AM – 5:00 PM M-F (excluding holidays and office closures) at IREMSC 2503 18th Avenue, Fairbanks, AK 99709.
4. Equipment must be returned on the first working day following the completion of the class unless other arrangements are made in advance.
5. The instructor will be held accountable for loss or damage through their negligence.
6. The instructor will not be responsible for normal wear and tear on the equipment.
7. Failure to return equipment in proper condition and in a timely manner may result in loss of rental privileges.

IREMSC Training Center Grievance Process

The instructor or training site is responsible for managing and resolving all disputes arising from the AHA classes they teach.

Interior Region Emergency Medical Services Council (IREMSC), serving as a Community Training Center (CTC) for the American Heart Association (AHA), is only responsible for classes that are taught or contracted by our employees. IREMSC will not become involved in the resolution of any disputes, complaints, or problems arising from courses taught by other instructors or training sites, except those that involve:

1. Course content for curriculum
2. Instructor qualifications
3. Equipment
4. Training Center administrative policies and procedures
5. Instructor or Training Site Memoranda of Understanding

In addition, IREMSC will consider the above matters only if they involve instructors or training sites aligned with our training center.

Complaints regarding these issues must be submitted in writing and may be made by any of the following:

1. A student who attended the course in which the problem arose.
2. An Instructor, Instructor Trainer, Course Director, TC Faculty, or CTC with information about the problem.
3. An AHA volunteer or staff person with information about the problem.

The person making the complaint must provide IREMSC with a statement containing:

1. A detailed description of the dispute, complaint, or problem.
2. Attempts that have been made to resolve the matter.
3. Any related correspondence, records, and other documents
4. The signature of the person or people making the complaint.

Once IREMSC has received a complete written complaint involving the matter listed above, the Community Training Center Coordinator will respond in writing to the complainant, informing them of the findings and outcome of the complaint.

Important Contact Information

Interior Region EMS Council, Inc.

Training Center

Phone: 907-456-3978

Fax: 907-456-3970

www.iremsc.org

Brad Paulson

Executive Director

Acting Training Center Coordinator

director@iremsc.org

Genevieve Curry

Training & Resources Assistant

Rentals, Class Requests

resources@iremsc.org

Melissa Apodaca

Administrative Assistant

AHA Cards, Enrollware, Instructor Records

admin@iremsc.org

American Heart Association

ATLAS / Instructor Network

www.atlas.heart.org

Enrollware

www.enrollware.com



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How to Use Enrollware

Use Enrollware to:

- *Enter and schedule classes
- *Enter rosters
- *Order certification cards
- *Order class supplies (books/CPR masks/etc.)

Website: www.enrollware.com

UserName: usually your first initial and last name: JSmith (you will get emailed your login information when your account is created)

Password: 12345678 (until you change it)

After you log in:

-Click the **red button: Add a Class**

https://www.enrollware.com/admin/ts-class-list.aspx

rollware AHA Instructor Net... Interior Region EM... AuthorizeNet TeamsID HTML Color Picker AHA eCards verifica... ASH/MEDIC First A... Other bookmark

are Admin

Hello Alabran, Roy

Account | Log Out

and Students

Classes

Student Search

Student Export

Product Orders

Settings

Help

Training Center Message

Instructors now must pay for their cards online unless you have a 30-day charge account with IREMSC. You may not PREPAY for cards, you must have taught the class first. If you purchase cards first, it does not connect to a class and we are unable to process the order.

Steps to Pay for cards instantly on-line!

- Enter your roster
- Click "Product Order Form"
- Select card type + quantity
- Pay with your credit card
- Cards will be ready for pickup

If you have a charge account (net 30) with IREMSC, enter into the notes the company or person you want the cards to be billed to. (NOTE: This is only if you have a net 30 account, not a COD account)

Classes

Filter: - All Instructors -

Add a Class

Welcome to Enrollware

Currently there are no classes entered into your Enrollware roster management system. Here are a few first steps you'll want to take to get started:

1. Print out and review the Quick Start Guide located [here](#) and view our [Getting Started Video](#). You can also find them under the help tab to the left.
2. Add your course types and course locations under the settings tab. We've created a couple samples that you can edit as well.
3. Add any additional instructors that you might want to allow to use your system. Each instructor will have their own individual login.
4. Once those are configured, click the "Add a Class" button at the top of the first page to add your first class.

- Enter all the information in the appropriate fields
- Click 'Update Class'

https://www.enrollware.com/admin/ts-class-edit.aspx?ret=ts-class-list.aspx&id=new

rollware AHA Instructor Net... Interior Region EM... Authorize.Net TeamsID HTML Color Picker AHA eCards verifica... ASHU/MEDIC First A... Other bookmark

are Admin

Hello Alabran, Roy
Account | Log Out


Classes and Students

- Classes
- Student Search
- Student Export
- Product Orders
- Settings
- Help

Class Details

Course:	--Choose--
Instructor:	--Choose--
Location:	<add a new location>
Location Name:	
Start Time:	at -- -- --
End Time:	at -- -- --
Total Hours:	
Assistants:	Click to Select
Student/Manikin Ratio: <small>If applicable</small>	1:1
Notes:	

<< Back Update Class



-Enter student information; click 'Add Student' (repeat until all students are entered)
Ensure complete and accurate email addresses are entered

https://www.enrollware.com/admin/ts-class-edit.aspx?ret=ts-class-list.aspx&id=2783305

Admin

BLS for Healthcare Providers - Thursday, January 31, 2019 at 6:36 AM

Quick Add Student

First Name Last Name Email Address Phone

Address 1 Address 2 City -- Zip

Score Status Add Student

Student List [Add student](#)

No students have been entered into this class

Class Details [Product Order Form](#)

Course: BLS for Healthcare Providers

Instructor: [Redacted]

Location: Fairbanks, AK

Start Time: 1/31/2019 at 8:30 AM

End Time: 1/31/2019 at 12:30 PM

Total Hours: 4

Assistants: Click to Select

Student/Manikin Ratio: 1:1

Notes:

Documents: Choose File No file chosen

Instructor Signature: I verify that this information is accurate and truthful and that the course was taught in accordance with AHA guidelines. All equipment utilized during the course was properly decontaminated in accordance with American Heart Association or manufacturer's standards. My

Cards must be paid for before they can be issued:

- Credit Card online (follow the steps below)
 - Go to the **red Product Order Form** button

rollware.com/admin/ts-class-edit.aspx?ret=ts-class-list.aspx&id=2783305

structor Net... Interior Region EM... Authorize.Net TeamID HTML Color Picker AHA eCards verifica... ASHI/MEDIC First A... Other bookmark

BLS for Healthcare Providers - Thursday, January 31, 2019 at 8:30 AM

Quick Add Student

First Name Last Name Email Address Phone
Address 1 Address 2 City -- Zip
Score Status **Add Student**

Student List Add student

No students have been entered into this class

Class Details Product Order Form

Course: BLS for Healthcare Providers
Instructor: [Redacted]
Location: Fairbanks, AK
Start Time: 1/31/2019 at 8:30 AM
End Time: 1/31/2019 at 12:30 PM
Total Hours: 4
Assistants: Click to Select
Student/Manikin Ratio: 1:1
Notes:
Documents: Choose File No file chosen
Instructor Signature: I verify that this information is accurate and truthful and that the course was taught in accordance with AHA guidelines. All equipment utilized during the course was properly decontaminated in accordance with American Heart Association or manufacturer's standards. My

- Select product/card type and enter quantity
- Click 'Proceed to Checkout'
- Follow prompts

- Bill to agency/department (**MUST HAVE AN EXISTING 30 DAY ACCOUNT ON FILE TO BILL**)
 - If billing to an agency/department, you **MUST WRITE IN 'NOTES' SECTION** who the cards should be billed to AND must be listed on the account as an authorized person.

are.com/admin/ts-class-edit.aspx?ret=ts-class-list.aspx&id=2494402

for Netv Interior Region EMS Authorize.Net TeamsID HTML Color Picker AHA eCards verifica:

Student List Add student

Student	Status	Codes	Phone	Action
1 Smith, Joe jsmith@xyz.com	Pending			

Showing 1 to 1 of 1 entries

Edit Scores Finalize Roster Student List

Class Details Product Order Form

Course:	Basic Life Support (BLS)
Instructor:	Luke Wetzel
Location:	Fairbanks, AK
Start Time:	9/10/2018 at 8:00 AM
End Time:	9/10/2018 at 12:00 PM
Total Hours:	4
Assistants:	Click to Select
Student/Manikin Ratio: <small>if applicable</small>	2:1
Notes:	Please bill XYZ
Documents:	Choose File No file chosen
Instructor Signature:	I verify that this information is accurate and truthful and that the course was taught in accordance with AHA guidelines. All equipment utilized during the course was properly decontaminated in accordance with American Heart Association or manufacturer's standards. My signature is represented by my typed name below: Lead Instructor Signature

<< Back Update Class

ilware © 2011-2018

*****If you do not indicate who to bill, the cards will NOT be processed*****

When you are finished teaching:

- Go to the bottom of the screen, attach your student evaluations (required), and type YOUR NAME in the 'Lead Instructor Signature' box (this is your digital signature)
- Click 'Update Class'

nrollware.com/admin/ts-class-edit.aspx?ret=ts-class-list.aspx&Id=2494402

Instructor Net: Interior Region EMS | Authorize.Net | TeamsID | HTML Color Picker | AHA eCards verifica

Student List

[Add student](#)

Student	Status	Codes	Phone	Action
1 Smith, Joe jasmith@xyz.com	Pending			✉

Showing 1 to 1 of 1 entries

[Edit Scores](#) [Finalize Roster](#) [Student List](#)

Class Details

[Product Order Form](#)

Course: Basic Life Support (BLS) ▼

Instructor: Luke Wetzel ▼

Location: Fairbanks, AK ▼

Start Time: 9/10/2018 at 8:00 AM ▼

End Time: 9/10/2018 at 12:00 PM ▼

Total Hours: 4

Assistants: Click to Select ▼

Student/Manikin Ratio: 2:1 ▼
if applicable

Notes: Please bill XYZ

Documents: [Choose File](#) No file chosen

Instructor Signature: I verify that this information is accurate and truthful and that the course was taught in accordance with AHA guidelines. All equipment utilized during the course was properly decontaminated in accordance with American Heart Association or manufacturer's standards. My signature is represented by my typed name below:
Lead Instructor Signature

[<< Back](#) [Update Class](#)

Enrollware © 2011-2018

- On the bottom of the Student List box, click **FINALIZE ROSTER**

The screenshot shows the rollware.com admin interface. At the top, there's a browser address bar and several tabs. Below that, the 'Student List' section contains a table with one student entry: 'Smith, Joe' with status 'Pending'. At the bottom right of this section, three buttons are visible: 'Edit Score', 'Finalize Roster' (circled in green), and 'Student List'. Below the Student List is the 'Class Details' section, which includes fields for Course (Basic Life Support (BLS)), Instructor (Luke Wetzel), Location (Fairbanks, AK), Start Time (9/10/2018 at 8:00 AM), End Time (9/10/2018 at 12:00 PM), Total Hours (4), Assistants (Click to Select), Student/Manikin Ratio (2:1), Notes (Please bill XYZ), Documents (Choose File), and Instructor Signature (I verify that this information is accurate and truthful and that the course was taught in accordance with AHA guidelines. All equipment utilized during the course was properly decontaminated in accordance with American Heart Association or manufacturer's standards. My signature is represented by my typed name below: Lead Instructor Signature). At the bottom of the Class Details section are '<< Back' and 'Update Class' buttons.

You must finalize your roster, or we will not be able to process cards or see your class.

- Once you've hit finalize, **the red Finalize button will disappear**. This will send us an email with your card order and your roster. IREMSC will process your order and submit a request to AHA to email the cards directly to the students (aka E-cards) within 1-21 days (if you do NOT have an existing Net30 account, rosters will not be processed until payment is received).
- Only students with a Status of 'Complete' will receive cards. If the student needs to remediate and their status changes to 'Complete' **AFTER** you have finalized the roster, you must notify IREMSC at admin@iremsc.org. We do not receive any notifications of changes to the roster once it's been finalized.
- Current courses that provide E-Cards:
 - ACLS provider
 - BLS provider
 - PALS provider
 - Heartsaver First Aid
 - Heartsaver First Aid/CPR/AED
 - Heartsaver Pediatric FA/CPR/AED

Any questions, please send an email to the IREMSC Training Coordinator at training@iremsc.org.

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:

American Heart Association Emergency Cardiovascular Care Program

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: _____