



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.
2503 18th Ave Fairbanks, Alaska 99709
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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: _ _ / _ _



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Training Center Policy and Procedures

Training Center (TC)

The TC oversees instructors and ensures the smooth administration of the American Heart Association (AHA) Emergency Cardiovascular Care (ECC) programs. This includes managing both instructors directly affiliated with the TC and those aligned through training sites (TSs) and maintaining high standards for all courses, regardless of where they are delivered. The TC also communicates timely updates on National, Regional, or TC policies, procedures, and course content to instructors and TSs. Additionally, the TC is the primary resource for support, quality control, and information for all aligned AHA ECC instructors.

Training Center Coordinator (TCC)

The TCC represents the Training Center (TC) and is the primary liaison with the AHA's ECC programs. They manage records, oversee the distribution of course completion cards and exams, and coordinate instructors. The TCC ensures instructor alignment, appoints Training Faculty, and informs instructors of AHA updates.

Training Center Faculty (TCF)

TCF approved by the TCC, are responsible for conducting Instructor Essentials courses, new instructor monitoring, renewals, and coaching instructors, ensuring high-quality course delivery within the TC. TCF positions are by invitation only, typically based on recommendations from a Course Director or existing TCF members. TCF status is specific to the IREMSC TC and does not carry over to other TCs; individuals moving to a different TC will revert to instructor status.

TCF must adhere to IREMSC's Policies and Procedures and AHA's Program Administration Manual (PAM).

Roster Finalization and Certification Procedures

1. **Finalization and Payment of Rosters:**

Course rosters must be finalized and paid through Enrollware within 5 working days after the course date. Rosters are manually reviewed, and eCards will be issued electronically within 20 business days after payment and finalization.

Payment must be made at the time of roster finalization through Enrollware unless the instructor has a pre-arranged net 30 charge account.

2. **Restriction on Future Roster Finalization:**

Rosters cannot be finalized for future dates. Only finalize after the class has been conducted.

3. **Roster Information Requirements:**

Refer to your instructor manual for the appropriate instructor-to-student and manikin-to-student ratios based on the discipline you are teaching. You must also indicate whether the course is blended (online + skills check) or a full course.

All rosters must include each student's full name, home address, ZIP code, and email address, with the understanding that each student must have a unique email address as per AHA policies. Ensure student names are correctly spelled and capitalized, as eCards are printed exactly as entered. Any errors that necessitate card replacement will be the responsibility of the instructor.

4. **Lead Instructor Sign-Off:**

A lead instructor or course director affiliated with the IREMSC TC must sign all rosters. Assisting instructors' credentials must be included in the finalized roster.

5. **Instructor Validity Verification:**

Lead instructors must verify that assisting instructors hold valid AHA certifications (BLS, ACLS, PALS). Only instructors aligned with IREMSC may serve as lead instructors.

6. **Written Exams for Healthcare Providers:**

BLS, ACLS, and PALS students must take and pass a written exam with a minimum score of 84%, which should be recorded on the roster.

7. **Instructor Feedback:**

Compliments, complaints, and suggestions regarding instructors or the TC should be submitted in writing to the Training Center Coordinator. All feedback is kept confidential.

8. **Course Fees and Advertising:**

All course fees and advertisements must comply with current AHA guidelines. A disclaimer must be included in pre-course materials.

9. **Instructor Contact Information:**

Instructors must update their contact information with the TC and notify the TC of any changes within 5 working days.

Requesting and Receiving AHA eCards

1. **Card Issuance:**

Cards will not be issued until payment is received. Students cannot pay for cards directly; instructors must handle the collection and submission of payments. **IREMSC will not bill the student directly.**

2. **eCard Purchase Process:**

The eCard requests must be accompanied by a finalized roster. eCards are purchased from the IREMSC Training Center via Enrollware, or you must provide documentation of an alternative payment method (credit card on file/Net30 account).

3. **Turnaround Time:**

Allow 20 business days for the issuance of eCards following the submission and payment of the finalized roster. While the maximum turnaround time is 20 business days, eCards may be issued sooner, subject to workload and staff availability.

4. **eCard Replacement:**

If an incorrect eCard has been processed and issued to a student, a new transaction must be completed to purchase the correct eCard via Enrollware; no refunds will be issued. If the incorrect eCard request has not yet been processed, please contact the TCC immediately by phone and email.

5. **eCard Corrections:**

Name or email corrections for eCards are free of charge. Please submit correction requests via email to the TCC.

6. **Expedited eCards:**

Expedited eCard processing is available under the following terms:

- Expedited requests will be fulfilled only as the processor's time allows.
- The expedited processing fee is \$20 per card. Payment guarantees issuance within 3 business days.
- Expedited processing applies only to the specific card(s) requested and paid for, not the entire class roster.

Instructors are responsible for paying the expedited processing fee; payments from students will not be accepted.

Standard processing terms apply to all other cards on the roster.

Instructor Responsibilities

- 1. Manual Guidelines:**
Instructors must follow the guidelines and responsibilities as outlined in the instructor manual for each course discipline they teach.
- 2. Required Materials:**
Instructors are required to have both an instructor manual and a provider/student manual for each discipline they teach.
- 3. Course Material Knowledge:**
Instructors must maintain a strong working knowledge of current provider course materials by teaching regularly and attending instructor updates as they become available.
- 4. Student Instruction and Evaluation:**
Instructors are responsible for ensuring students understand the course's objectives and evaluating their progress.
- 5. Adherence to AHA Guidelines and TC Policies:**
All training must be conducted in accordance with the current AHA guidelines. These guidelines can be found on the AHA website, within ATLAS, and in the Program Administration Manual (PAM). Instructors are responsible for familiarizing themselves with the PAM and adhering to all IREMSC policies and procedures.
- 6. Dual Training Center Teaching Notice:**
Instructors teaching for multiple Training Centers (TCs) must submit a Notice of Instructor Teaching Activity to their primary TC to receive credit toward renewal requirements.
- 7. Equipment Maintenance:**
Instructors are responsible for the proper use and maintenance of any TC equipment. They must also follow the IREMSC Rental Policy when using TC equipment.
- 8. Safe Learning Environment:**
Instructors must ensure that course locations are safe, non-hostile, and free from intimidation for all participants.

Instructor Renewal

1. **Minimum Teaching Requirement:**

Instructors must teach 4 courses in each discipline they instruct. The TCC may waive the teaching requirement on a case-by-case review under the following circumstances:

- The instructor was called to active military duty.
- 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.
- 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. **Eligibility:**

Instructors must be current and not expired in the discipline they are renewing. There is no grace period for renewal.

3. **Renewal Checklist Submission:**

A completed Instructor Renewal Checklist & Monitoring packet must be submitted to the TC. Renewal paperwork is available on the IREMSC website (*Classes>Instructor Resources>CPR Instructor Resources>AHA Instructor Support Forms*).

If you wish to have your class monitored for renewal, you may contact the TCC or any TCF to inquire about setting up a monitored class. If you choose to be monitored by an IREMSC employee who is also a TCF, please be aware that a monitoring fee will apply. IREMSC requires at least one month's notice to coordinate the monitoring. This fee does not cover the cost of your renewed certification(s). The monitoring fee may be waived if you choose to teach an already scheduled IREMSC class. Please contact the TCC to arrange this.

Your instructor certification is valid for 2 years. You may renew by completing one of the following for each discipline you need to renew:

1. Renewal Option 1:

- Teach a minimum of four AHA courses within the two-year certification period.
- Teach one TCF monitored class within the two-year certification period. Your certification must still be valid at the time of the monitored class.

2. Renewal Option 2:

- Register to attend a CPR Instructor course again.

Equipment Use

For more detailed information, please view our full rental policy online.

1. Reservation Requirements:

All equipment must be reserved through the online order form at least one week in advance. Last-minute requests (within one week) incur a 20% expediting fee. Renters must inform us if equipment will be used outside Fairbanks/North Pole at the time of the request.

2. Pickup and Return:

Equipment is available for pickup 1 day before class and must be returned within 3 business days after the event, during office hours. Late returns are charged the weekly rental rate plus a 10% surcharge.

3. Shipping:

For rentals requiring shipping, a 20% transportation surcharge applies, and requests must be placed two weeks in advance. Renters are responsible for all shipping costs, and items are shipped/returned at their risk.

4. Instructor Responsibility:

Only certified instructors may rent equipment. Renters are responsible for any damage beyond normal wear and tear and must inspect equipment upon pickup and return. Any damages or loss result in repair or replacement fees.

5. Late Fees and Damage Charges:

Items returned late are subject to a daily late fee, and equipment returned in poor condition will incur additional cleaning or repair fees.

6. Loss or Theft:

Renters are fully responsible for the equipment from the time it leaves our facility until it is returned. There is no insurance coverage for lost or stolen items.

7. Credit Card on File:

A valid credit card must be on file to cover incidentals, late fees, or damage costs.

IREMSC Training Center Grievance Process

1. **Scope of Responsibility:**

The TC is only responsible for courses taught by or contracted through its employees. IREMSC will not resolve disputes involving instructors or TSs not aligned with the TC except for the following:

- Course content or curriculum issues
- Instructor qualifications
- Equipment concerns
- Administrative policies and procedures
- Instructor or Training Site Memorandum of Understanding

2. **Submitting a Complaint:**

Complaints regarding the above issues must be submitted in writing and may be made by:

- A student who attended the course in question
- An instructor, Course Director, TCF, or CTC with relevant information
- An AHA volunteer or staff member with pertinent information

3. **Content of the Complaint:**

Complaints must include:

- A detailed description of the issue
- Efforts made to resolve the matter
- Any supporting documentation
- The signature of the complainant

4. **Complaint Resolution Process:**

Once the complaint is received, the TCC will review the matter and respond in writing with the outcome.

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

director@iremsc.org

Genevieve Curry

Training Coordinator

training@iremsc.org

Lara Suscha

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

U:\Shared Working Documents\Policies\Training Department Policies



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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**

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 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

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

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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: _____