



## CPR Instructor Course

**January 20, 2018**

**0800 – 1830**

**BLS Provider card required**

Thank you for your interest in becoming an American Heart Association CPR Instructor! In this packet, you will be provided information on:

- The types of instructor status' you can choose.
- A detailed outline of the process to become an instructor.
- Fee's breakdown.
- A checklist for completion.
- Required Forms.
- Registration form for the course.

### Instructor Types

#### **1. BLS Instructor**

- a. The BLS Instructor is authorized to teach BLS for the Health Care Provider. This is geared towards healthcare professionals who need to know how to perform CPR, as well as other lifesaving skills, in a wide variety of in-hospital and out-of-hospital settings.
- b. As a BLS Instructor you are qualified to teach American Heart Association HeartSaver CPR/AED (including Adult/Child/Infant CPR) and HeartSaver First Aid

#### **2. HeartSaver Instructor**

- a. The HeartSaver Instructor is authorized to teach AHA HeartSaver CPR/AED (including Adult/Child/Infant CPR) and HeartSaver First Aid. These courses are geared toward the community and anyone with limited or no medical training who needs a course completion card in first aid, CPR and AED use to meet job, regulatory or other requirements.

### AHA Instructor Program Process (4-Part Program)

#### **Step 1: Application and Instructor Essentials Online Course**

Prior to taking the Instructor Course, you must submit an AHA Instructor Candidate Application. Please ensure that you put down the e-mail address you intend on using for your American Heart Associating Instructor Account. Contact EMT Associates to turn in your application and purchase your essentials key. At this time, you will also register for the course, order your materials, and pay your affiliation fee.

Next you will complete the Instructor Essentials Online Course for the discipline you intend on becoming an instructor in. You will purchase the Key for this program from EMT Associates. Key pricing is listed on the price sheet on page 3 this document. You will bring your Course Completion Certificate to class with you.

The Essentials course will explain this mission of the American Heart Association, the courses offered, AHA requirements and expectations.

### **Step 2: Affiliation**

Affiliation, also referred to as Alignment, is NOT employment. You are contracting with a Training Center to maintain your records, issue your cards, keep you updated on AHA changes, provide your instructor recertification, and be your support system for AHA.

Most Instructors align with the Training Center that is providing their course. In this case, once your fees are paid and you have registered, you will read and sign our policy agreement, and EMT Associates will handle your file, issue your cards, and help you with any questions.

If you are taking the course with EMT Associates, but affiliating with another Training Center you will need to submit a letter of acceptance from the other Training Center along with your registration. EMT Associates will submit your course completion paperwork to the other Training Center.

### **Step 3: Instructor Classroom Course**

The course runs in 9.5 hours (including a lunch break). You will be introduced to the AHA Course Outlines, target audience and completion requirements will be discussed, along with watching the required course DVD's and understanding the Instructor Manual. The Training Center Instructor will go through the steps of becoming a successful Instructor, the required materials, and procedures for AHA and for EMT Associates Training Center.

Come prepared to work. Throughout the course you will be demonstrating your ability to correctly and effectively perform CPR, use and AED, and provide instruction and correction to students. At the end of the day you must pass the written exam for each discipline you intend to teach.

### **Step 4: Mentor/Monitor**

Before you are released to teach on your own, you will choose a date to teach alongside an experienced Instructor. One course is required, but you may choose to do more until you feel prepared to teach solo. A Training Center Faculty member will observe (monitor) your first solo course to make sure that you have the appropriate equipment, training materials, paperwork, and you are prepared to teach independently.

**All 4 steps MUST be successfully completed BEFORE you receive your Instructor Card.**



**American Heart Association Emergency Cardiovascular Care Programs  
Instructor Candidate Application**

**Instructions:** To be completed by the instructor candidate with appropriate signatures. Please complete 1 application for *each* discipline.

Name (with credentials): \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of instructor course:     HS         BLS         ACLS         PALS

Recommended renewal date of provider card in discipline in which candidate is seeking instructor status: \_\_\_\_\_

**Instructor Commitment:** As an AHA Instructor, I agree to teach at least 4 courses in 2 years in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

\_\_\_\_\_

Signature of Instructor Candidate Date

**TC Alignment:** I approve this application and grant alignment with this Training Center for this applicant. I agree to all responsibilities for this instructor as outlined in this manual.

Name of Training Center: \_\_\_\_\_

Training Center ID#: \_\_\_\_\_

Signature of TC Coordinator: \_\_\_\_\_ 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 TCF/Course Director (circle appropriate title) Date



## AHA Instructor Course Registration

Course Date:			
Last Name:	First Name:	Phone:	
Address:	City:	State:	Zip
E-Mail (REQUIRED FOR AHA ESSENTIALS KEY):			

**INSTRUCTOR COURSE \*REQUIRED**

<input type="checkbox"/>	BLS INSTRUCTOR COURSE ONLY (includes instructor manual)	\$400
<input type="checkbox"/>	HEARTSAVER INSTRUCTOR COURSE ONLY (includes instructor manual)	\$275
<input type="checkbox"/>	ADD HEARTSAVER TO BLS (includes instructor manual)	\$99

**AHA ESSENTIALS KEY'S \*REQUIRED**

<input type="checkbox"/>	BLS Basic Life Support	\$35
<input type="checkbox"/>	Heartsaver	\$35

**EMT ASSOCIATES ALIGNMENT FEE'S \*REQUIRED**

<input type="checkbox"/>	One Discipline	*BLS and Heartsaver are 1 Discipline	\$125
<input type="checkbox"/>	Two Disciplines		\$200
<input type="checkbox"/>	Three Disciplines		\$300

**First Course Monitor**

<input type="checkbox"/>	At EMT Associates office during one of our scheduled classes	\$0
<input type="checkbox"/>	At Your location + .56 cents per mile round trip for EMT Associated to come to your Site	\$100 + Mileage

**MATERIALS \*REQUIRED TO TEACH/DO NOT NEED TO PURCHASE IF YOU HAVE OR HAVE ACCESS TO**

<input type="checkbox"/>	BLS for Healthcare Providers Course and Renewal Course DVD (15-1011)	\$90
<input type="checkbox"/>	Heartsaver First Aid CPR AED DVD Set (15-1019)	\$205
<input type="checkbox"/>	Heartsaver Pediatric First Aid CPR AED Instructor Manual (90-1071)	\$40
<input type="checkbox"/>	Heartsaver Pediatric First Aid CPR AED DVD Set (90-1072)	\$120

Total Due

Payment Method: <input type="checkbox"/> CREDIT/DEBIT <input type="checkbox"/> CHECK
Card Number: _____ - _____ - _____ - _____
Expiration Date ____/____ Security Code: _____
Billing Zip Code _____
Signature: _____



## Equipment Availability Checklist BLS

Equipment For BLS	# Owned	# You have access to
ADULT MANIKINS		
INFANT MANIKINS		
ADULT BVM (1 PER STUDENT)		
INFANT BVM (1 PER STUDENT)		
AED TRAINER		
ONE WAY VALVE (1 PER STUDENT)		
BARRIER DEVICE		
AHA VIDEO BLS		

## Equipment Availability Checklist HEARTSAVER

Equipment For Heartsaver Courses	# Owned	# You have access to
ADULT MANIKINS		
INFANT MANIKINS		
AED TRAINER		
ONE WAY VALVE (1 PER STUDENT)		
BARRIER DEVICE		
TOURNIQUET TRAINER		
EPI PEN TRAINER		
SPLINT TRAINER		
2 X 2 GAUZE		
TRIANGULAR BANDAGES		
ROLLER GAUZE		
AHA VIDEO HEARTSAVER FIRST AID		

## EMT Associates Roster Policy

Welcome to EMT Associates as a valued instructor with AMERICAN HEART ASSOCIATION! We are happy to have you as part on our team. Please read this policy in full and return the last page with your signature of agreement and understanding.

Rosters and card requests that do not adhere to the police and AHA Guideline will be returned to you for completion. Cards will not be issued until all materials are complete.

EMT ASSOCIATES IS HERE FOR YOU:

- We are here to provide you with the guidance you need to be a successful AHA Instructor.
- We have faculty available to renew your teaching certifications when needed.
- We will always provide you with the newest information from American Heart by e-mail.

### 1. Roster Guidelines

#### a. Types of Rosters Accepted

- i. PDF Fillable Roster found in your e-mail or at the Instructor Central link to the webpage ([www.emtassociates.com](http://www.emtassociates.com))
- ii. The AHA Roster found on your AHA Instructor Network

#### b. Procedure for Submitting Rosters

- i. Rosters must be submitted within **5 days** of course completion.

- ii. Rosters may be submitted in the following ways:

1. E-Mail: [Emt.Associates@comcast.net](mailto:Emt.Associates@comcast.net)

Fax: (541) 636-3416

3. Mail: EMT Associates

1144 Gateway Loop, STE 136

Springfield, OR 97477

- iii. Rosters must be COMPLETE

1. In the attached PDF roster, all boxes highlighted in red are required
2. Instructors must comply with the AHA Student: Instructor ratio. **1 Instructor to 6 (MAX) Students. Please note extenuating circumstances:** If you do not comply to this standard, your roster will be returned and cards will not be issued. Please be sure to list assisting instructors if your roster is over 6 students.
3. **With prior approval from Mary Ann Vaughan, experienced instructors may conduct courses at the 1:9.**
4. Please see the below list of what is required to have a complete roster:

- a. ROSTER COVER SHEET (PAGE 1)

- i. Course Name

1. **Be Specific.** Accepted course names are:

- a. Advanced Cardiac Life Support (ACLS)

- b. Advanced Cardiac Life Support Experienced Provider (ACLS-EP)

- c. Basic Life Support for Healthcare Provider (BLS HCP)

- d. Heartsaver: CPR, AED

- i. **NOTE IF THE FOLLOWING WERE DONE (IF NOT NOTED WE WILL CROSS THESE OPTIONS OUT ON THE CARDS AS THE TIME OF ISSUE:**

- ii. CHILD CPR/AED

- iii. INFANT CPR

- iv. WRITTEN TEST
- e. Heartsaver: FIRST AID ONLY
  - i. **NOTE IF THE FOLLOWING WERE DONE** (IF NOT NOTED WE WILL CROSS THESE OPTIONS OUT ON THE CARDS AS THE TIME OF ISSUE:
  - ii. WRITTEN TEST GIVEN
- f. Heartsaver: FIRST AID, CPR, AED
  - i. **NOTE IF THE FOLLOWING WERE DONE** (IF NOT NOTED WE WILL CROSS THESE OPTIONS OUT ON THE CARDS AS THE TIME OF ISSUE:
  - ii. CHILD CPR/AED
  - iii. INFANT CPR
  - iv. WRITTEN TEST GIVEN
- g. Heartsaver: PEDIATRIC FIRST AID
  - i. **NOTE IF THE FOLLOWING WERE DONE** (IF NOT NOTED WE WILL CROSS THESE OPTIONS OUT ON THE CARDS AS THE TIME OF ISSUE:
  - ii. ADULT CPR/AED
  - iii. WRITTEN TEST GIVEN
  - iv. ASTHMA CARE VIDEO
- h. Pediatric Life Support (PALS)
  - i. Pediatric Emergency Assessment, Recognition and Stabilization (PEARS)
- 2. Course Type
  - a. New Course
  - b. Renewal Course
  - c. Skills Check
- 3. Who are you teaching
  - a. Provider
  - b. Instructor (any instructor courses need to be cleared by Mary Ann Vaughan)
- 4. About the Course:
  - a. Lead Instructor name, AHA Instructor ID
  - b. Status Renewal Date (when does your instructor card expire)
  - c. Where is the class being held?
    - i. course location
    - ii. address
    - iii. city/state/zip
- 5. Course accountability:
  - a. Course start date/time
  - b. Course end date/time
  - c. **Total Hours of Instruction**
  - d. No. of Cards to be issued
  - e. Student-Manikin Ratio
    - i. MANIKIN DECONTAMINATION DONE
  - f. Issue Date of Cards - INSTRUCTOR TO FILL IN ONLY OF ISSUING YOUR OWN CARDS. ALL OTHERS THE TC WILL FILL IN.
- 6. Assisting instructor box to be completed if applicable
- 7. Signature of lead instructor (we will accept electronic signature)
- b. Student Sign in (PRINT CLEARLY or attach a typed list of student names)

1. Obtain all information from the student
  - a. Name/E-mail
  - b. Address/Phone
  - c. Complete/Incomplete and test score
2. **Submitting your Roster /Receiving Cards (all forms can be found at [emtassoc.com](http://emtassoc.com))**
  - a. Roster must be submitted within **5 days** of course completion
  - b. Remit the following to receive cards
    - i. Completed Roster
      1. **Evaluation forms with roster**
      2. Student answer sheets are to be remitted only if remediated or unsuccessful
    - ii. Card Order Form
      1. Filled out completely
      2. Payment attached
      3. Specify if you want your cards pre-printed or not.
        - a. Pre-printed includes the addition of the Instructor Name/Number, Student Name, and Issue/Expiration Dates
        - b. **CARDS MAY NOT BE HAND WRITTEN. ALL CARDS MUST BE PRINTED.**
      4. All Cards will be returned to the Instructor to be issued to the students.
        - a. You may request a group of completed cards be sent to a business or agency
        - b. Individual cards will not be sent to students by the TC. If you would like cards sent directly to the student, include a self-addressed and stamped envelope(s) with your order.
    - c. All voided cards are to be returned to the TC
  3. **Card Turnaround**
    - a. **Cards will be in the mail and postmarked for 4-10 business days from when the TC receives the roster and order form.**

EMT Associates



REMIT PAGE TO EMT ASSOCIATES

Phone 541.844.1328 Fax 541.636.3416

1144 Gateway Loop, Suite 136 - Springfield, OR 97477



EMT.Associates@comcast.net

www.emtassoc.com

**ROSTER POLICY AGREEMENT**

I, \_\_\_\_\_, ACKNOWLEDGE AND UNDERSTAND EMT ASSOCIATES CARD ISSUING POLICY. I UNDERSTAND THAT I WILL BE HELD ACCOUNTABLE FOR ALL COURSES TAUGHT AND ALL AMERICAN HEART ASSOCIATION STANDARDS AS AN INSTRUCTOR AFFILIATED WITH EMT ASSOCIATES.

\_\_\_\_\_  
**INSTRUCTOR SIGNATURE**

\_\_\_\_\_  
**DATE**

EMT Associates



**EMT ASSOCIATES BLS/HEARTSAVER VIDEO POLICY AND ACKNOWLEDGMENT**

Dear Instructor,

Please fill out the appropriate section, check the appropriate boxes below regarding the current status of REQUIRED SUPPLIES, and sign the bottom of the page for your file. At a MINIMUM, you must own or have access to the Instructor Manual and DVD Set for each discipline that you teach.

I, \_\_\_\_\_, OWN the following materials:

- BLS for Healthcare Providers Course and Renewal Course DVD (15-1009)
- BLS for Healthcare Providers Instructor Manual (15-1011)
  
- Heartsaver First Aid CPR AED Instructor Manual with Lesson Maps, divider tabs and Heartsaver Instructor CD (90-1029)
- Heartsaver First Aid CPR AED DVD Set (90-1028)
  
- Heartsaver Pediatric First Aid CPR AED Instructor Manual (90-1071)
- Heartsaver Pediatric First Aid CPR AED DVD Set (90-1072)

**AND/OR**

I, \_\_\_\_\_, HAVE ACCESS TO AND USE the following materials:

- BLS for Healthcare Providers Course and Renewal Course DVD (15-1009)
- BLS for Healthcare Providers Instructor Manual (15-1011)
  
- Heartsaver First Aid CPR AED Instructor Manual with Lesson Maps, divider tabs and Heartsaver Instructor CD (90-1029)
- Heartsaver First Aid CPR AED DVD Set (90-1028)
  
- Heartsaver Pediatric First Aid CPR AED Instructor Manual (90-1071)
- Heartsaver Pediatric First Aid CPR AED DVD Set (90-1072)

I access/rent/borrow my materials from: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

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

**AND/OR**

I, \_\_\_\_\_, have used Page 7 of this packet to purchase the required materials.

I, \_\_\_\_\_, ACKNOWLEDGE THAT THE ABOVE STATEMENTS I HAVE MADE IN THE VIDEO BASED TEACHING FORM ARE TRUE AND I USE THESE MATERIALS FOR EVERY COURSE I TEACH. I UNDERSTAND THAT I WILL BE HELD ACCOUNTABLE FOR ALL COURSES TAUGHT AND ALL AMERICAN HEART ASSOCIATION STANDARDS AS AN INSTRUCTOR AFFILIATED WITH EMT ASSOCIATES.

INSTRUCTOR SIGNATURE

DATE



## EMT Associates Instructor Agreement

American Heart Association instructors affiliating with the EMT Associates BLS/ACLS/PALS Training Center (TC) must complete this form, sign, and return to EMT Associates upon new alignment and every instructor renewal. Other paper work will be required.

### INSTRUCTOR INFORMATION

Last Name:	First Name:	M.I.	<input type="checkbox"/> Male <input type="checkbox"/> Female
Medical License:	State:	AHA Instructor ID	
Current mailing address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	Other Phone:	
E-Mail Address:			

### EMPLOYMENT INFORMATION

Employer Name:			
Employer Name address:			
City:	State:	ZIP Code:	Phone:
Work Phone:		Work Fax:	
E-Mail Address:			

### RESPONSIBILITIES OF THE INSTRUCTOR

1. Instruct according to the guidelines of American Heart Association Instructor Manual and Program Administrator Manual.
2. Use current AHA guidelines and Instructor Toolkits when teaching AHA Programs.
3. Complete all rosters fully per Roster Policy and submit them with appropriate fees to the TC within 5 days of course completion.
4. Submit fees within 30 days of invoice from TC. Past Due invoices will include a \$25 monthly latefee.
5. Notify the TC two weeks ahead of classes to facilitate on-site course evaluations.
6. Complete renewal requirements per policy every two years.
7. Keep address and contact information current with the TC.
8. Instructors and sites will not compete with the Training Center contracts/clients for duration of alignment plus two years. This includes marketing to or bidding on contracts up for renegotiations.
9. Notify TC immediately of any class disputes, problem instructors, conflicts, or potential conflicts.
10. Instructors and Training Sites will not teach for competing organizations while aligned with EMT Associates. This includes ASHI/Red Cross/NAEMT/ENA/other programs whose courses compete with those offered by the AHA.

# EMT Associates Instructor Agreement

## RESPONSIBILITIES OF THE TRAINING CENTER

1. Provide instructors with update information in a timely manner. This will be done via e-mail.
2. Will conduct instructor updates as necessary.
3. Maintain instructor records.
4. Transfer instructor records to another TC within 30 days of receiving request for transfer.
5. Keep instructors updated on policies and requirements of the TC.
6. Provide or arrange for course monitoring as required.
7. Provide student certifications within 20 days of class per AHA and EMT Associates Roster Policy.
8. Provide science updates as soon as they are available.
9. Will return all messages/e-mails within a 48-hour time frame.

## Alignment Fee's

The TC will make *attempts* to remind instructors when their certification is coming up for renewal, however, **it is the responsibility of the instructor to maintain their instructor certification.**

AHA Heartsaver, BLS, ACLS, PALS courses taught by individual instructors/training sites:

Bi-Annual Affiliation Fee's Per Discipline o

- o \$125 for ONE Discipline
- o \$200 for TWO Disciplines
- o \$300 for THREE Disciplines

Bi-Annual Monitoring Fee's

- o \$50 to Re-Monitor at EMT Associated Training Center
- o \$150 + .56 per Mile, round trip for EMT Associated to come to your Site (One Instructor to be Monitored)
- o \$ 75/Instructor + .56 per Mile, round trip for EMT Associated to come to your Site (Two or more Instructors to be Monitored)

Cost Per Cards

- o \$5.75 for Heartsaver/BLS/First Aid
- o \$12.00 ACLS/PALS/PEARS
- o \$15.00 ACLS-EP
- o Shipping: 1-11 Cards \$2.50; 12-100 Cards \$7.00; 101+ Cards \$10.00

This Agreement may be canceled with written notice if the conditions of this agreement are not fulfilled as agreed.

EMT Associates reserves the right to decline/discontinue affiliation with instructors at will.

\_\_\_\_\_  
Instructor/TS Coordinator Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
TC/Assistant Coordinator Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date