

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)
 - 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: Maecy4EMT@comcast.net
 2. 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

- 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 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 2-4 business days from when the TC receives the roster and order form.**

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

