



# Instructor Transfer

Thank you for your interest in aligning as an American Heart Association Instructor with EMT Associates! In this packet you will find the process to complete your alignment.

## AHA Instructor Program Process

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

Prior to taking the prior to alignment acceptance, you must submit an AHA Instructor Candidate Application and transfer application. Please ensure that you put down the e-mail address you are using for your American Heart Associating Instructor Account.

Please know that the transfer process can take up to 30 days.

During the waiting time you will complete the Instructor Essentials Online Course for the discipline(s) you intend on aligning with. You will purchase the Key for this program from EMT Associates. Key pricing is listed on the price sheet on page 3 this document.

#### The Current updates are:

- a. **ACLS Instructor Essentials course code 3.0 Hour Online Course, Code : #90-1432**
- b. **BLS Instructor Essentials course code 2.0 Hour Online Course, Code : #90-1429**
- c. **PALS Instructor Essentials course code 3.5 Hour Online Course, Code : #90-1430**

The Essentials course will explain this mission of the American Heart Association, the courses offered, AHA requirements and expectations. This is not the same as the AHA core course. If you have completed the Essentials already please send in a copy of your certificate.

### **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.

Once your fee's are paid and you have submitted your paperwork along with reading and signing our policy agreement you will follow the alignment request process.

### **Step 3: Mentor/Monitor**

Before you are released to teach on your own as an EMT Associates Instructor, you will choose a date to teach alongside one of our Training Center Faculty. One course is required

**All 3 steps MUST be successfully completed BEFORE you will be accepted on the instructor network.**

## Affiliation Price Sheet

Affiliation Fee's Per Discipline (affiliation is for 2 years)

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

Monitoring Fee's

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

**Checklist for Transfer:**

- Copy of active BLS and/or HeartSaver provider card
- Copy of current instructor card(s)
- Submit a resume
  - Include target audience
  - Background information in educating
- Complete the Candidate Application (you will need to fill out one for each discipline)
- Complete Transfer Request (you will need to fill out one for each discipline)
- Complete online AHA Instructor Essential for your discipline(s)
- Complete the materials availability sheet
- Review and sign roster policy
- Review and sign video policy
- Review and sign EMT Associates Instructor Agreement
- Submit payment for alignment
- Request transfer on AHA Instructor Network

**PACKET CAN BE SUBMITTED TO EMT ASSOCIATES BY:**

**1- MAIL: 1144 GATEWAY LOOP, STE 136 - SPRINGFIELD, OR 97477**

**2- E-MAIL: MAECY4EMT@COMCAST.NET**

**3- FAX (541) 636-3416**



**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

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**American Heart Association Emergency Cardiovascular Care Programs  
Instructor Records Transfer Request**

- When a TC agrees to accept an Instructor, the TC Coordinator signs and sends this form to the Instructor.**

Our TC is willing to accept \_\_\_\_\_ as an instructor at our facility. We agree to keep and maintain all instructor records in accordance with the TC Agreement.

Signature of TC Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

TC ID#: OR20773

TC address: 1144 GATEWAY LOOP, STE 136 - SPRINGFIELD, OR 97477

Phone: (541) 844-1328 Fax: (541) 636-3416 E-Mail: Maecy4EMT@comcast.net

- The Instructor completes the following information and sends it to the TC that is currently holding his/her Instructor records.**

I, \_\_\_\_\_, Instructor ID # \_\_\_\_\_, authorize the transfer of my instructor records from \_\_\_\_\_ TC to EMT Associates TC.

Instructor's home address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Check discipline(s) for which you are requesting a records transfer:

HS    BLS    ACLS    ACLS-EP    PALS    PEARS

- After verifying and completing this form, the Instructor's current TC transfers the Instructor's records to the new TC. All applicable Instructor records (as outlined in the *Program Administration Manual*) must be transferred.**

The transferring TC must keep copies of all transferred records for **3 years**.

- The new TC contacts the instructor when the transfer is complete**
- The TC Coordinator from the current TC signs and dates this form when the records have been transferred.**

Signature of TC Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

TC ID #: \_\_\_\_\_

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

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

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**AHA Instructor Essentials, Available Equipment, and Alignment Order Form**

<b>Last Name:</b>	<b>First Name:</b>	<b>Phone:</b>		
<b>Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip</b>
<b>E-Mail (REQUIRED FOR AHA ESSENTIALS KEY):</b>				

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

- ACLS Advanced Cardiac Life Support \$40
- BLS Basic Life Support \$35
- HS Heartsaver (This is included in BLS) \$35
- PALS Pediatric Advanced Life Support \$40
- PEARS Pediatric Emergency Assessment, Recognition, and Stabilization \$40

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

- One Discipline \$125
- Two Disciplines \$200
- Three Disciplines \$300





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

- ACLS Instructor Manual: includes manual and lesson maps (90-1011) \$45
- ACLS Instructor DVD (90-1009) \$75
- ACLS Instructor Package Includes(90-1041): \$200
  - ACLS Instructor Manual (Product #90-1011; includes manual, Lesson Maps, the ACLS Instructor CD and divider tabs)
  - ACLS Provider Manual (Product #90-1014; includes manual, ACLS Pocket Reference Card Set (Product #90-1012), tab sheet and precourse preparation checklist card)
  - 2 (two) ACLS DVDs (Product #90-1009)
  - ACLS Poster Set (Product #90-1013; set of 9 posters)
  - ACLS Emergency Crash Cart Cards (Product #90-1010; set of 4)
  - AHA stopwatch
- BLS for Healthcare Providers Instructor Manual (90-1036) \$40
- BLS for Healthcare Providers Course and Renewal Course DVD (90-1035) \$70
- Heartsaver First Aid CPR AED Instructor Manual with Lesson Maps, divider tabs and Heartsaver Instructor CD (90-1029) \$55
- Heartsaver First Aid CPR AED DVD Set (90-1028) \$150
- Heartsaver Pediatric First Aid CPR AED Instructor Manual (90-1071) \$30
- Heartsaver Pediatric First Aid CPR AED DVD Set (90-1072) \$90
- PALS Instructor Manual: includes manual and lesson maps (90-1054) \$45
- PALS Instructor DVD (90-1057) \$60

- PALS INSTRUCTOR PACKAGE includes (90-1058) \$200
  - PALS Instructor Manual (product #90-1054; includes manual, Lesson Maps, the PALS Instructor CD and divider tabs)
  - PALS Provider Manual (product #90-1052; includes manual, PALS Pocket Reference Card (product #90-1053), tab sheet and precourse preparation checklist card)
  - 2 (two) PALS DVD Sets(product #90-1057)
  - PALS Poster Set (product #90-1055; set of 10 posters; folded)
  - PALS Emergency Crash Cart Cards (product #90-1056; set of 4 cards)
  - AHA stopwatch
  
- PEARS Pediatric Emergency Assessment, Recognition, and Stabilization Instructor Manual (90-1063) \$45
- PEARS Pediatric Emergency Assessment, Recognition, and Stabilization Instructor DVD (90-1064) \$75
- PEARS INSTRUCTOR PACKAGE includes (90-1066): \$200
  - PEARS Instructor Manual (product #90-1063; includes manual, Lesson Maps, the PEARS Instructor CD, scenario cards and divider tabs)
  - PEARS Provider Manual (product #90-1061; includes manual, PEARS Pocket Reference Card (product #90-1062) and tab sheet)
  - PEARS DVD Set (product #90-1064)
  - PEARS Poster Set (product #90-1065; set of 8 posters)
  - PEARS Read Me Card
  - AHA stopwatch

Total Due

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THERE WILL BE A \$5 FEE ADDED FOR CREDIT CARD PROCESSING

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration: \_\_/\_\_/\_\_\_\_ 3-digit 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		

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## Equipment Availability Checklist ACLS

Equipment For PALS	# Owned	# You have access to
CHILD CPR MANIKIN		
INFANT CPR MANIKIN		
CHILD POCKET MASK AND INFANT POCKET MASK		
1 WA VALVE		
BAG DEVICE FOR INFANT AND CHILD MANIKINS, RESERVOIR, AND TUBING		
MANIKIN CLEANING SUPPLIES		
COUNTDOWN TIMER		
AED TRAINER WITH ADULT AND CHILD AED TRAINING PADS		
CHILD AIRWAY MANIKIN OR INTUBATION HEAD		
INFANT AIRWAY MANIKIN OR INTUBATION HEAD		
NON-REBREATHING MASK WITH RESERVOIR		
NASAL CANULA		
SIMPLE OXYGEN MASK		
OROPHARYNGEAL MASK		
WATER-SOLUBLE LUBRICANT		
SUNCTION CATHETERS (VARIOUS SIZES)		
LARYNGOSCOPE HANDLE (OPTIONAL)		
LARYNGOSCOPE BLADES (OPTIONAL)		
ENDOTRACHEAL TUBES (OPTIONAL) CUFFED AND UNCUFFED WITH STYLET		
EXHALED CO2 DETECTOR ADULT/CHILD		
EXHALED CO2 DETECTOR INFANT		
TUBE HOLDER TAPE PEDIATRIC		
STETHOSCOPE		
ECG LEADS		
ECG ELECTRODES		
CARDIAC MONITOR		

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## Equipment Availability Checklist PALS

Equipment For PALS	# Owned	# You have access to
CHILD CPR MANIKIN		
INFANT CPR MANIKIN		
CHILD POCKET MASK AND INFANT POCKET MASK		
1 WA VALVE		
BAG DEVICE FOR INFANT AND CHILD MANIKINS, RESERVOIR, AND TUBING		
MANIKIN CLEANING SUPPLIES		
COUNTDOWN TIMER		
AED TRAINER WITH ADULT AND CHILD AED TRAINING PADS		
CHILD AIRWAY MANIKIN OR INTUBATION HEAD		
INFANT AIRWAY MANIKIN OR INTUBATION HEAD		
NON-REBREATHING MASK WITH RESERVOIR		
NASAL CANULA		
SIMPLE OXYGEN MASK		
OROPHARYNGEAL MASK		
WATER-SOLUBLE LUBRICANT		
SUNCTION CATHETERS (VARIOUS SIZES)		
LARYNGOSCOPE HANDLE (OPTIONAL)		
LARYNGOSCOPE BLADES (OPTIONAL)		
ENDOTRACHEAL TUBES (OPTIONAL) CUFFED AND UNCUFFED WITH STYLET		
EXHALED CO2 DETECTOR ADULT/CHILD		
EXHALED CO2 DETECTOR INFANT		
TUBE HOLDER TAPE PEDIATRIC		
STETHOSCOPE		
ECG LEADS		
ECG ELECTRODES		
CARDIAC MONITOR		
DEFIBRILLATION PADS ADULT/CHILD SIZE		
DEFIBRILLATION PADS INFANT SIZE		
ECG CARDS OR RHYTHM GENERATOR		
IO MANIKIN OR SIMULATOR		
IO NEEDLES		
FLUID BAG		
3-WAY STOPCOCK		
SYRINGES		

COLOR-CODED LENGTH-BASED RESUSCITATION TAPE		
IV CATHETERS		
NEBULIZER (OPTIONAL)		
BLOOD PRESSURE CUFF		
ADENOSINE		
ALBUTEROL		
AMIODARONE		
ATROPINE SULFATE		
EPINEPHRINE 1:10, 1:1000 RACEMIC (2.25%)		
GLUCOSE		
LIDOCAINE		
MAGNESIUM SULFATE		

## 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: [Maecy4EMT@comcast.net](mailto: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.**

EMT Associates



**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 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 (90-1035)
- BLS for Healthcare Providers Instructor Manual (90-1036)
  
- 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 (90-1035)
- BLS for Healthcare Providers Instructor Manual (90-1036)
  
- 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

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## EMT ASSOCIATES ACLS 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:

- ACLS Instructor Manual: includes manual and lesson maps (90-1011)
- ACLS Instructor DVD (90-1009)

**AND/OR**

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

- ACLS Instructor Manual: includes manual and lesson maps (90-1011)
- ACLS Instructor DVD (90-1009)

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

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### EMT ASSOCIATES PALS 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:

- PALS Instructor Manual: includes manual and lesson maps (90-1054)
- PALS Instructor DVD (90-1057)

**AND/OR**

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

- PALS Instructor Manual: includes manual and lesson maps (90-1054)
- PALS Instructor DVD (90-1057)

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

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**EMT ASSOCIATES PEARS 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:

- PEARS Instructor Manual: includes manual and lesson maps (90-1054)
- PEARS Instructor DVD (90-1057)

**AND/OR**

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

- PEARS Instructor Manual: includes manual and lesson maps (90-1054)
- PEARS Instructor DVD (90-1057)

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

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## 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 fee's to the TC within 5 days of course completion.
4. Submit fee's within 30 days of invoice from TC. Past Due invoices will include a \$25 monthly late fee.
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/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 \$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 Coordinator Signature

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

\_\_\_\_\_  
Date



American Heart Association Emergency Cardiovascular Care Programs

Course Roster

**Course Information (CHECK ALL BOXES THAT APPLY)**

HCP- BLS	<input type="checkbox"/> New Course	ACLS	<input type="checkbox"/> New Course
	<input type="checkbox"/> Renewal Course		<input type="checkbox"/> Renewal Course
	<input type="checkbox"/> Instructor		<input type="checkbox"/> Instructor
	<input type="checkbox"/> Provider		<input type="checkbox"/> Provider

HEARTSAVER COURSES	PALS
<input type="checkbox"/> FA/CPR/AED	<input type="checkbox"/> New Course
<input type="checkbox"/> CHILD CPR/AED	<input type="checkbox"/> Renewal Course
<input type="checkbox"/> INFANT CPR	<input type="checkbox"/> Instructor
<input type="checkbox"/> WRITTEN TEST GIVEN	<input type="checkbox"/> Provider
<input type="checkbox"/> FIRST AID ONLY	
<input type="checkbox"/> WRITTEN TEST GIVEN	
<input type="checkbox"/> PEDIATRIC FIRST AID	
<input type="checkbox"/> ADULT CPR	
<input type="checkbox"/> ASTHMA CARE VIDEO	
<input type="checkbox"/> WRITTEN TEST GIVEN	

<input type="checkbox"/> FA/CPR/AED	<input type="checkbox"/> CPR/AED
<input type="checkbox"/> CHILD CPR/AED	
<input type="checkbox"/> INFANT CPR	
<input type="checkbox"/> WRITTEN TEST GIVEN	
<input type="checkbox"/> FIRST AID ONLY	
<input type="checkbox"/> WRITTEN TEST GIVEN	
<input type="checkbox"/> PEDIATRIC FIRST AID	
<input type="checkbox"/> ADULT CPR	
<input type="checkbox"/> ASTHMA CARE VIDEO	
<input type="checkbox"/> WRITTEN TEST GIVEN	



Lead Instructor \_\_\_\_\_  
 Instructor ID: \_\_\_\_\_  
 Status Renewal Date: \_\_\_\_\_  
 Training Center: EMT ASSOCIATES  
 Training Center ID#: OR 20773  
 Training Site Name (if applicable) \_\_\_\_\_  
 Course Location \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State ZIP \_\_\_\_\_

Course Start Date/Time \_\_\_\_\_ Course End Date/Time \_\_\_\_\_ Total Hours of Instruction \_\_\_\_\_  
 No. of Cards Issued \_\_\_\_\_ Student-Manikin Ratio \_\_\_\_\_ Issue Date of Cards \_\_\_\_\_

**Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)**

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1. _____	5. _____	_____	_____
2. _____	6. _____	_____	_____
3. _____	7. _____	_____	_____
4. _____	8. _____	_____	_____

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.  
 \_\_\_\_\_  
 Signature of Lead Instructor \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_  
 Course Participants

Name and Email <i>Please PRINT CLEARLY as you wish your name to appear on your card.            Please print email address legibly.</i>	Address/Telephone	Complete/ Incomplete	SCORE <i>(if applicable)</i>	Remediation/Date Completed <i>(if applicable)</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**American Heart Association Emergency Cardiovascular Care Program**  
**Course Evaluation**

Date: \_\_\_\_\_ Which Course did you just complete? (Circle one) Provider Refresher

BLS      ACLS      PALS      PEARS      HS/AED      HS/First Aid      First Aid      Instructor

Course Director/Lead Instructor: \_\_\_\_\_

Name of Training Center: **EMT Associates**      Location: \_\_\_\_\_

Check One:    \_\_\_ MD/DO    \_\_\_ RN    \_\_\_ Paramedic    \_\_\_\_\_ Other (please specify)

Fill in the Circles:

	Disagree	Neutral	Agree
1. Overall the course met my expectations.	②	③	④
2. The program met its stated objectives.	②	③	④
3. The program content was relevant to my work and extended my knowledge.	②	③	④
4. There was an adequate supply of equipment: clean/in good working order.	②	③	④
5. The visual aids were helpful: dvd's, handouts, posters.	②	③	④
6. The physical environment was adequate.	②	③	④
7. I would recommend this course to my colleagues.	②	③	④
8. Overall, Instructor provided adequate and helpful feedback.	②	③	④

Please Rate Instructors Overall Effectiveness:	Fair	Satisfactory	Good
Instructor: _____	②	③	④
Instructor: _____	②	③	④
Instructor: _____	②	③	④
Instructor: _____	②	③	④
Instructor: _____	②	③	④

Additional Comments:

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Thank you! Your comments will be used to make ongoing improvements in our program. Please submit your comments to the Instructor at the end of the course or to the Regional ECC Office (Call 1-888-CPR-LINE for the address).



## AHA External Materials Order Form 08/01/2014

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Lead Instructor: \_\_\_\_\_ Location: \_\_\_\_\_

Do you want the instructor number pre- printed or left blank?  Preprint  Leave Blank

E-mail Address: \_\_\_\_\_  Alignment Fee \$ \_\_\_\_\_  Site Fee \$ \_\_\_\_\_

Please submit course roster for the cards that you are ordering. All cards must be pre-paid. Only after all the required paperwork and pre-payment is received, will the cards be issued. EMT Associates TCC reserves the right to refuse issuance of and Provider or Instructor cards. ACLS, ACLS-EP, PALS and Instructor Courses must be pre-approved by Mary Ann Vaughan.

Type of Cards	Current Price	# Cards Requested				Total
<input type="checkbox"/> BLS HCP Provider	\$5.75/Card	_____	X	\$5.75	=	\$ _____
<input type="checkbox"/> Heartsaver CPR/AED	\$5.75/Card	_____	X	\$5.75	=	\$ _____
<input type="checkbox"/> Heartsaver First Aid	\$5.75/Card	_____	X	\$5.75	=	\$ _____
<input type="checkbox"/> Heartsaver First Aid/CPR/AED	\$5.75/Card	_____	X	\$5.75	=	\$ _____
<input type="checkbox"/> Heartsaver Pediatric First Aid	\$5.75/Card	_____	X	\$5.75	=	\$ _____
<input type="checkbox"/> ACLS	\$12.00/Card	_____	X	\$12.00	=	\$ _____
<input type="checkbox"/> ACLS-EP	\$15.00/Card	_____	X	\$15.00	=	\$ _____
<input type="checkbox"/> PALS	\$12.00/Car	_____	X	\$12.00	=	\$ _____
<input type="checkbox"/> PEARS	\$12.00/Card	_____	X	\$12.00	=	\$ _____
<b>Instructor Cards</b> <input type="checkbox"/> BLS _____ <input type="checkbox"/> ACLS _____ <input type="checkbox"/> PALS _____			X	\$15.00	=	\$ _____
<input type="checkbox"/> OTHER (PLEASE WRITE IN) _____			X	\$ _____	=	\$ _____
<b>SHIPPING</b> <input type="checkbox"/> 1-11 Cards \$2.50 <input type="checkbox"/> 12-100 Cards \$7.00 <input type="checkbox"/> 101+ \$10.00 <input type="checkbox"/> Will Call					=	\$ _____

**Replacement Cards**

BLS \_\_\_\_\_  ACLS \_\_\_\_\_  PALS \_\_\_\_\_  Other \_\_\_\_\_ X \$15.00/Card = \$ \_\_\_\_\_

Course Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_ Instructor: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*No Shipping Charges Apply**

**Grand Total Due = \$ \_\_\_\_\_**

**To Remit form you may do 1 of the following:  
 Fax this order form to 541-636-3416 OR Scan and e-mail to maecy4emt@comcast.net OR  
 Mail to: 1144 Gateway Loop, Suite 136, Springfield, OR 97477**

I wish to pay by:  Check  Visa  MasterCard  Discover  American Express  Diner's Club

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVS Code: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_ Card Holders Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_