

## American Heart Association Emergency Cardiovascular Care Programs Instructor/Training Center Faculty Renewal Checklist

**Instructions:** This checklist may be used to document successful completion of instructor/Training Center Faculty (TCF) renewal requirements and contact information. It is recommended that the TC keep the completed form in the instructor's file.

Complete 1 form per renewing discipline.

To be used in conjunction with the Instructor Monitoring Tool.

SECTION 1: General information for the renewing instructor or TCF member.									
Renewing discipline:									
☐ Heartsaver®	□ BLS	□ ACLS	□ ACLS EP	$\square$ PALS	□PEARS <sup>®</sup>				
Instructor ID#: Expiration date of instructor card:									
Primary TC name:				TC ID #:					
TC Coordinator's nam	ne:								
Instructor's or TCF's	name:								
Mailing address:									
City:		Stat	e:	Phone:					
Email:									
-									
SECTION 2: Instructor or TCF member teaching, monitoring, and update activity for renewal.									
☐ Instructor/TCF monitoring completed successfully:									
Course name:									
Date:	Regional Fac	culty/TCF obs	erver name:						
☐ Instructor/TCF update(s) attended:									
Date:		Loc	ation:						
Date:		Loc	ation:						
Date:		Loc	ation:						
☐ Instructor Essentials course completed (if applicable):									
Date:		Loc	ation:						



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	At least 4 provider courses tar classes may be attached or lis			ained (list classes below; additional			
	Course Name	Date	<b>Location (TC or Site)</b>	Station or Module			
☐ If applicable (for TCF), at least 1 instructor/instructor renewal course taught in the past 2 years (list courses below)							
	Course Name	Date	<b>Location (TC or Site)</b>	Station or Module			
SECTION 3:							
Administrative Review of Conflict of Interest and Code of Conduct. Reviewed by TC Coordinator with instructor.							
Professional Behavior: The Program Administration Manual provides specific guidelines regarding							
code of conduct and conflict of interest for all representatives of the AHA as leaders in the community.							
Instructors need to comply with these AHA guidelines because they represent the AHA while they are conducting courses.							
	Endorses the ECC Leadership Code of Conduct Date of review:						
	Acknowledges the AHA Statement of Conflict of Interest Date of review:						
SECTION 4: Administrative Competencies and Indicators. Observed by TC Coordinator through regular teaching activities							
Cognitive and Psychomotor Skills: Maintains proficiency in provider-level cognitive and psychomotor							
	ills; fulfills requirements for in			n			
	<ul><li>☐ Demonstrates proficiency</li><li>☐ Teaches at least the minimum</li></ul>						
	☐ Is aligned on the Instructor Network						
	Completes the required provider and instructor updates						
	<ul> <li>□ Provides precourse instructions and resources to students before the course</li> <li>□ Uses student and Faculty feedback to improve teaching performance</li> </ul>						
	☐ Uses student and Faculty feedback to improve teaching performance ☐ Ensures equipment is in working order and is available in sufficient quantity, as recommended						
	☐ Secures and protects test	ing mate	rials	-			
	☐ Decontaminates/cleans e	quipmen	t according to the manufactu	rer's instructions			



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<b>Program Administration</b> : Successfully manages available resources, including time, materials, space,						
and budget, to deliver high-quality training in accordance with AHA guidelines						
☐ Completes postcourse records, including an accurate roster, grade report, and summary evaluation						
Complies with the current, appropriate version of the <i>Program Administration Manual</i>						
☐ Ensures that AHA course completion cards are issued in a timely manner						
Overall comments from TC Coordinator:						
Overall comments from instructor/TCF:						
<u> </u>						
Review of Renewal Checklist is acknowledged by instructor/TCF:						
TCC name: Instructor/TCF name:						
TCC signature: Instructor/TCF signature:						
Date:						
☐ New instructor card issued Date:						
☐ TCF status maintained Date:						