

## American Heart Association Emergency Cardiovascular Care Program Instructor/TCF Renewal Checklist

### Instructions:

This checklist may be used to document successful completion of Instructor/TCF renewal requirements and contact information. It is recommended that the TC keep the completed form in the Instructor's file.

### Instructor/TCF Contact Information

Name:

Address:

Phone:

Fax:

Email:

Other contact information:

Discipline:  BLS       ACLS       PALS      Instructor card expiration date: \_\_\_\_\_

Primary TC (for discipline seeking renewal):

Name of TC Coordinator:

### Renewal Checklist

- Provider skills successfully demonstrated      Date: \_\_\_\_\_      Method: \_\_\_\_\_
- Provider examination completed with a score of 84% or higher      Date: \_\_\_\_\_
- Instructor/TCF update(s) attended      Date(s): \_\_\_\_\_
- Instructor/TCF Monitor Form completed successfully      Date: \_\_\_\_\_
- At least four Provider Courses taught in past two years or waiver obtained (see below)
- If applicable (for TCF), one Instructor/Instructor Renewal Course taught in past two years (see below)

### Teaching Activity

Course Name	Date	Location (TC/Site)	Station/Module
1.			
2.			
3.			
4.			
<b>Instructor/Instructor Renewal Course</b>			
1.			

Additional courses may be attached or listed on the back of this form.

- New Instructor card issued      Date: \_\_\_\_\_
- TCF status maintained      Date: \_\_\_\_\_