

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 PALS PEARS®

Instructor ID#: _____ Expiration date of instructor card: _____

Primary TC name: _____ TC ID #: _____

TC Coordinator's name: _____

Instructor's or TCF's name: _____

Mailing address: _____

City: _____ State: _____ Phone: _____

Email: _____

SECTION 2:

Instructor or TCF member teaching, monitoring, and update activity for renewal.

Instructor/TCF monitoring completed successfully:

Course name: _____

Date: _____ Regional Faculty/TCF observer name: _____

Instructor/TCF update(s) attended:

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Instructor Essentials course completed (if applicable):

Date: _____ Location: _____

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

- At least 4 provider courses taught in the past 2 years or waiver obtained (list classes below; additional classes may be attached or listed on the back of this form)

Course Name	Date	Location (TC or Site)	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	Location (TC or Site)	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 skills; fulfills requirements for initial or renewal instructor certification

- Demonstrates proficiency in provider-level skills
- Teaches at least the minimum number of classes per cycle
- Is aligned on the Instructor Network
- Completes the required provider and instructor updates
- Provides precourse instructions and resources to students before the course
- 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 testing materials
- Decontaminates/cleans equipment according to the manufacturer's instructions

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

Program Administration: 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 *Program Administration Manual*
- Ensures that AHA course completion cards are issued in a timely manner

Overall comments from TC Coordinator:

Overall comments from instructor/TCF:

Review of Renewal Checklist is acknowledged by instructor/TCF: _____

TCC name: _____ Instructor/TCF name: _____

TCC signature: _____ Instructor/TCF signature: _____

Date: _____ Date: _____

New instructor card issued Date: _____

TCF status maintained Date: _____