

**Colorado Advanced Life Support
10465 Melody Dr. Suite 101
Northglenn, CO 80234**

Instructor Agreement

This is an agreement between (Print Instructor Name) _____ (hereinafter designated as "Instructor") and Colorado Advanced Life Support (hereinafter designated as "CALs") concerning the conduct of instruction for courses scheduled under the auspices of CALs as the Training Center.

As stated in this agreement, the Instructor will conduct their courses in accordance with the training and program standards of the American Heart Association (AHA) and Colorado Advanced Life Support. The initial term of this agreement will be for two years from the signing and will be renewable upon completion of instructor renewal paperwork. Either party may terminate this agreement with 30 days written notice.

1. Definitions:

- 1.1 Executive Director who serves as the Training Center Coordinator: Responsible for the maintenance of agreements, and day to day business operation of Colorado Advanced Life Support.
- 1.2 AHA Regional Faculty: A current instructor appointed by an AHA region to act as a local authority on the AHA ECC program. They are responsible for quality oversight, mentoring and coaching of TC, TCF and CD. They may be called upon to monitor instructors and assist with instructor training and mentoring by the Training Center Coordinator. Regional Faculty are course and science resources in their discipline who work with TCs in their region as requested by AHA.
- 1.3 Training Center Faculty: Current experienced instructors appointed by CALs to serve as the quality assurance and educational leadership for CALs. TCF may conduct instructor courses and monitor, update, mentor and coach instructors. TCF conduct quality instructor courses, course monitoring, and instructor updates following current curriculum and guidelines with the oversight of CALs.
- 1.4 Course Director: A current experienced AHA instructor who is responsible for ACLS and PALS provider courses to include: content, scheduling, registration, faculty assignments, and all other preparations and conduct of an AHA training course. Course Directors are appointed by CALs and must attend the CALs Course Director program. A current **Course Director must be physically present on site throughout all ACLS and PALS courses.**
- 1.5 Instructor: Individual, who has completed the instructor course, has been successfully monitored, and who is currently in good standing with the AHA as an instructor. Must have completed all discipline specific AHA Guideline and new material updates. The AHA requires individuals be at least 16 years of age to become a Heartsaver or BLS Instructor.
 - 1.5.1 ACLS and PALS Instructors must be at least 18 years of age and licensed or certified in a healthcare occupation where such skills are within the provider scope of practice. If a license or certification has been revoked or is expired, instructor status will be revoked.
- 1.6 AHA materials: All material published by the AHA, including but not limited to: textbooks, instructors manual, tests, keys, evaluation forms, newsletters, and course completion cards.

- 1.7 Course Documentation: To be kept on file for 3 years at Training Site, or by Instructor.
 - 1.7.1 Completed Course Rosters.
 - 1.7.2 Documentation related to dispute resolution (attach to course roster as indicated).
 - 1.7.3 Originals or a summary of course evaluations (used by students to rate the course and instructor).
 - 1.7.4 Original evaluations if there were problems with the course.
 - 1.7.5 Student written examination answer sheets and skills performance sheets for students who did not, or have not yet, met course completion requirements.
 - 1.7.6 Evidence of the use of the AHA course fee disclaimer for courses in which fees are charged.
 - 1.7.7 Skills session paperwork for eLearning courses, including roster, Certificate of Completion for Online Heartcode course, and original or summary of course evaluation for hands on/skills session of the Heartcode course.

2. Criteria that Colorado Advanced Life Support Agrees to Perform:

- 2.1 Maintain and preserve copies of Course Documentation for each course taught for a period of three years in accordance with record-keeping guidelines of AHA.
- 2.2 Utilize only current AHA materials including test, manual, etc. for courses.
- 2.3 Conduct appropriate course monitoring as needed.
- 2.4 Conduct updates at the direction of AHA. Notify Instructors of steps to access the Instructor Network.
- 2.5 Act as a resource for the Instructor regarding program organization and content.

3. Criteria that the Instructor Agrees to Perform for Colorado Advanced Life Support:

- 3.1 Offer AHA programs that meet the current criteria set by the AHA and Colorado Advanced Life Support.
- 3.2 Provide quality instruction and maintain a 1:6 instructor: student ratio based on the current AHA guidelines.
- 3.3 Utilize only approved AHA materials including: DVDs, textbooks, and exams.
- 3.4 Read CALS Newsletter and periodically visit the Instructor Network to remain current with training memos and updates from AHA.
- 3.5 Send updated instructor information, copies of cards and certificates to ensure that training records are current at all times.
 - 3.5.1 It is the instructor's responsibility to ensure that CALS has your current contact information at all times.
- 3.6 Maintain equipment required for course (refer to equipment list) in good working order as described in the AHA Discipline Specific Instructor Manuals.
- 3.7 Identify potential instructor candidates from courses taught and submit names and contact information to CALS.
- 3.8 Formally acknowledge in all courses that any fees for training do not represent revenue for the AHA.

4. eCard User Agreement The requestor will:

- 4.1 Submit only one eCard Request Form for EACH course that is offered by a Training Site, Instructor or TCF. DO NOT combine multiple classes on a single eCard Request Form,
- 4.2 Only submit eCard Request Forms AFTER students have completed the course.
- 4.3 List ALL instructors and instructor numbers on the eCard Request Form to receive teaching credit.

I have read and agree to terms above.

Print Instructor Name _____

Instructor Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Training Site Name (primary location where classes are taught) _____

Instructor Signature _____ Date _____

CALS representative signature: _____ Date _____

For Office Use Only-Date Received: _____