



American Heart Association Emergency Cardiovascular Care Programs Instructor Candidate Application

Instructions: To be completed by the instructor candidate with appropriate signatures. Complete 1 application for each discipline.

Application for Instructor Status: Select the discipline you are applying for (select only 1):

- Heartsaver® BLS ACLS ACLS EP PALS PEARS®

Renewal date of provider card: _____

Candidate's name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Instructor Commitment: As an AHA Instructor, I agree to

- Teach at least 4 courses in 2 years in accordance with the guidelines of the AHA
- Maintain a current provider card
- Strengthen and support the Chain of Survival and the mission of the AHA in my community
- Conduct myself in accordance with the ECC Leadership Code of Conduct
- Avoid any perception of conflict of interest in accordance with the AHA Statement of Conflict of Interest

Signature of instructor candidate: _____ 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 Training Center (TC) Faculty/Course Director: _____
(circle appropriate title)

Date: _____

TC Alignment and Instructor Network Verification: TC Coordinator of aligning TC has verified the following:

- I approve this application and grant alignment with this TC for this applicant. I agree to all responsibilities for this instructor as outlined in the current *Program Administration Manual*.
- I verify that this instructor is registered on the Instructor Network and has been approved as an instructor in this discipline and is aligned with this TC.

Instructor ID #: _____ Renewal Date: _____

TC Name: _____ TC ID #: _____

Signature of TC Coordinator: _____ Date: _____

COMPLIANCE REVIEW SERVICES, INC.

CTC TRAINING SITE/ CENTER CPR AGREEMENT
11210 Steeplecrest Drive #120
Houston, Texas 77065
Phone (832) 781-2140 Fax (832) 213-4943

This is an agreement between Compliance Review Services, Inc. (Training Site) and _____ (CPR Independent Instructor). Compliance Review Services, Inc. (Training Site) & Heart to Heart (Training Center) is entering into a contractual agreement with the CPR Instructor to be the CTC training site/center per the American Heart Association. Compliance Review Services, Inc. & Heart to Heart. agrees to provide the following:

- 1) Updated materials to the CPR Instructor as received by American Heart Association.
- 2) Transfer CPR cards into the Cyfair ISD Site under Compliance Review Services Inc. within 1 business day of notification of card purchases
- 3) Assistance as able and as needed to support the instructor in teaching CPR.
- 4) Periodic supervision of its instructors to be arranged with the individual instructor 1x/year.
- 5) Monitoring of instructor annually as required.
- 6) Maintenance of course rosters- to be supplied post class to the training center from the site
- 7) Provide on site equipment inspection for feedback mannequins and other AHA requirements.

The instructor is to provide the following:

- 1) Evidence that they have completed and passed the BCLS CPR Instructor Course. (BLS Essentials and Heartsaver Essentials 2020 online).
- 2) General liability insurance for conducting CPR classes as required by AHA.
- 3) Evidence that they have purchased mannequins, alcohol wipes, AHA books, AHA video, AED device machine, and mouth shields.
- 4) Copies of all course rosters and tests will be emailed to Compliance Review Services, Inc. at info@compliancereviewservices.com
- 5) Copy of Driver's license, home address, telephone number(s) to reach instructor.
- 6) Training fee for 6 hours of on site training at CRS, one instructor essentials course (online) BLS/Heart Saver/ First Aid AED, monitoring of one course held at YOUR office, you bring your student in for our staff to monitor and mentor/coach you during one live class. This also includes training on how to use AHA Instructor network, issue course cards as a site under Compliance Review Services, Inc. order, cards, etc.

Fees: \$495.00 Training Fee PER INSTRUCTOR 6 hours on site at CRS office.
\$400.00 year as training center fee (ordering cards, moving cards, updating you on information, monitoring a course and doing a site visit annually).

Total Cost: \$895.00

The instructor agrees to follow and adhere to the American Heart Association Policies and Procedures, and conduct courses in accordance with the American Heart Association. The instructor agrees that they will not use the AHA logo or Compliance Review Services, Inc. logo or represent that they are affiliated with CRS, Inc. in anyway except that we are their Training Center for CPR.

If the instructor is reported for not following AHA standards, this contract will be terminated immediately.

The annual fee to have Compliance Review Services, Inc. perform the duties of the training center is \$400.00 (non-refundable) annually, due immediately upon signing of this agreement and by January 15th of each subsequent year. There is no pro-rating based upon the month of year first signed.

Instructor Signature

Date

Compliance Review Services, Inc. CEO

Date