ACLS Instructor Application

- This application must be completed in full, including all signatures in Boxes A, B, and C.
- You must include a copy of the front & back of your current AHA ACLS Provider card with this application.
- You cannot be registered for an instructor course until this application and any other course prerequisites have been completed.

Course Date	Course Location		
Participant Name	Title (MD/RN/EMTP/Etc)	Full SSN	
Home Address	City	State	Zip
Day Phone	Alternate Phone	Email Address	

A. To Be Completed By The Applicant:

Instructor Commitment: As an ACLS Instructor, I agree to teach at least four courses in two years in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

Signature of Applicant	Date

B. To Be Completed By The AHA Authorized Training Center Coordinator The Applicant Will Be Associated With and Primarily Teach For (Contact the American Heart Association for a list of authorized training centers):

Training Center Alignment: I approve this application and grant alignment with this AHA Authorized Training Center for this applicant. I agree to all responsibilities for this Instructor as outlined in the AHA Program Administration manual.

Signature of Training Center Coordinator	Printed Name	Name of AHA Training Center	Phone Number	Date

C. To Be Completed By The AHA Authorized Training Center Coordinator Recommending The Applicant To This Instructor Course

Verification of Instructor Potential: I verify that this applicant has achieved a score of 90% or higher on the ACLS Provider written examination and has completed at least one of the following options:

- ☐ Has been identified as having Instructor potential during performance in a Provider Course (Record is on file)
- ☐ Has demonstrated Instructor potential during a screening evaluation for potential instructors
- ☐ Has demonstrated exemplary performance of provider skills under my direct observation

Signature of Training Center Coordinator	Printed Name	Name of AHA Training Center	Phone Number	Date

NOTICE→ To Be Accepted Into This Class, All Required Paperwork (Course Registration, Instructor Application, and Copy Of Current ACLS Card) Must Be Signed, Completed and Received by LifeLink 4 Or More Days Before The First Day Of Your Class. Your Registration is not complete and admittance into this class is not confirmed until we receive all completed documents. To check the status of your registration, please call LifeLink at (614) 566-9019.