



American Heart Association Renewal Instructor Card Request

Authorized Provider
of CPR and ECC Courses



Course Type (check one): BLS ACLS PALS

Card Type (check one): Instructor TC Faculty

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Dates of at least 4 courses within the last two years:

_____	_____	_____	_____
Month/Year	Month/ Year	Month/Year	Month/ Year

Date Monitored by TC or Regional Faculty: _____
(Include copy of Monitoring form)

Instructor Card Expiration: _____ Attended all necessary AHA Updates: ____ (initial)

If renewing Provider card too **OR**

Provider Exam Score: _____

Skills demonstrated to Monitor: Yes No

Monitors Initials: _____

If Provider card is still valid

Provider Card Expiration: _____

(Include copy of current provider card)

Mail card to the above address I will pick up my card

Enclose a check or money order made payable to the National EMS Academy in the amount of \$10.00 per Instructor card and \$5.00 per BLS Provider card or \$7.00 per ACLS/PALS provider card. (if renewing Provider card)

I certify the above information is correct and I wish to obtain Instructor status.

Signature _____

Date _____