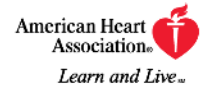




American Heart Association Renewal Instructor Card Request

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: _____

Mobile Phone: _____ Personal Email: _____

Work Phone: _____ Work 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)

Your Instructor eCard will be sent to the email address listed in the AHA Instructor Network.

Instructor Card & Provider Cards are to be paid in Enrollware under TC Product Orders.

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

Signature _____

Date _____