



**American Heart Association Emergency Cardiovascular Care Programs
Instructor/TCF Renewal Checklist**

Instructions:

This checklist may be used to document successful completion of instructor/TCF renewal requirements and contact information. It is recommended that the TC keep the completed form in the instructor's file.

Instructor/TCF Contact Information

Name: _____ Instructor ID#: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Other contact information: _____

Discipline: HS BLS ACLS ACLS EP PALS PEARS

Instructor card expiration date: _____

Primary TC (for discipline seeking renewal): _____

Name of TC Coordinator: _____ TC ID#: _____

Renewal Checklist

Provider skills successfully demonstrated Date: _____ Method: _____

Instructor/TCF update(s) attended Date(s): _____

Instructor/TCF Monitor Form completed successfully Date: _____

At least 4 provider courses taught in past 2 years or waiver obtained (see below)

If applicable (for TCF), 1 instructor/instructor renewal course taught in past 2 years (see below)

Teaching Activity

Course Name	Date	Location (TC/Site)	Station/Module
1.			
2.			
3.			
4.			

Instructor/Instructor Renewal Course (if renewing TCF)			
1.			

Additional courses may be attached or listed on the back of this form.

New instructor card issued Date: _____

TCF status maintained Date: _____