

Training Center Faculty Candidate Application

Initial Renewal

Name (with credentials): _____

Phone _____ Instructor ID # _____

Mailing address: _____

E-Mail: _____

Discipline: BLS ACLS PALS

As a Training Center Faculty, I agree to:

Teach at least 2 Provider Courses per year

Teach 1 Instructor Course in 2 years

Monitor Instructors/Instructor Candidates in accordance with the guidelines of the AHA and the INHS TC

Complete all documentation required by the INHS TC in a timely manner

Follow all policies and procedures set forth by the INHS TC and support new instructors in doing the same

Perform all responsibilities for Training Center Faculty as outlined in the Program Administration Manual

Strengthen and support the Chain of Survival and the mission of the AHA in my community

Signature of TCF Candidate _____ Date: _____

FOR TC COORDINATOR USE ONLY:

I approve this application and understand this TCF candidate as been an instructor aligned with us for 2 years and is in good standing. I grant TCF status for 2 years, unless otherwise terminated by either party.

Signature of TCC _____ Date: _____