



**EMS Region III
AMERICAN HEART ASSOCIATION
Emergency Cardiac Care Training Center**

2421 E. 21st St · PO Box 1895 · Clovis, NM 88102-1895 · Phone (575) 769-2639 · Fax (575) 769-3485

INSTRUCTOR APPLICATION

Instructor ID #
(SS# - No dashes)

*AHA Instructor #

| | | | |
|------------------|---|----------------------|-----------------------------------|
| Last Name: | <input type="text"/> | | |
| First Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| City: | <input type="text"/> | | |
| State: | Zip: | <input type="text"/> | <input type="text"/> |
| Phone (W-Day): | (H-Evening): | <input type="text"/> | Mobile/Cell: <input type="text"/> |
| E-Mail: | <input type="text"/> | | |
| Occupation: | <input type="text"/> | | |
| Affiliation: | <input type="text"/> | | |
| Training Center: | <input type="text"/> | Training Site: | <input type="text"/> |
| | (EMS Region III or Current Training Center) | | (If applicable) |

| | Credentials | | Date Expired | Certifying Agency |
|------------------|--------------------------|--------------------------|----------------------|----------------------|
| | Yes | No | | |
| BLS Inst. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Heartsaver Inst. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| HS Evaluator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| ACLS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| ACLS-EP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| PALS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| PEARS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| TCF-B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| TCF-A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| TCF-P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| RF-B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| RF-A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| RF-P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

- BLS Basic Life Support
- HS Heartsaver
- ACLS Advanced Cardiac Life Support
- EP Experienced Provider
- PALS Pediatric Advanced Life Support
- PEARS Pediatric Emergency Assessment, Recognition and Stabilization
- TCF Training Center Faculty
- RF Regional Faculty

* To establish an AHA Instructor #, log on to the AHA Instructor Network @ www.ahainstructornetwork.com
 Note: If you have not already done so, you will need to create an account and affiliate with the EMS Region III Training Center. The Training Center # is NM05757