



EMS Region III AMERICAN HEART ASSOCIATION Emergency Cardiac Care Training Center

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INSTRUCTOR APPLICATION

Instructor ID #

(SS# - No dashes)

*AHA Instructor #

Last Name:			
First Name:			
Address:			
City:			
State:		Zip:	
Phone (W-Day):		(H-Evening):	
E-Mail:			
Occupation:			
Affiliation:			
Training Center:		Training Site:	

(EMS Region III or Current Training Center)

(If applicable)

	Credentials			Date Expired	Certifying Agency
BLS Inst.	Yes	No			
Heartsaver Inst.					
HS Evaluator					
ACLS					
ACLS-EP					
PALS					
PEARS					
TCF-B					
TCF-A					
TCF-P					

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

***Note: If you have not already done so, you will need to create an account at www.atlas.heart.org. PLEASE make sure that the email address that is used to create your ATLAS account is the same email address that you have noted above.