



Health Educational Services
36 Quail Run Circle Suite 101
Salinas CA 93907
831-424-1867



August 25, 2019

Dear Instructor Candidate:

Thank you for your interest in participating in our BLS/Heartsaver Instructors course. The following information is provided to assure a smooth and informative course.

Pre-Requisites:

- Current American Heart Association CPR Provider card at the level of Instructor Certification. The provider card must be the current 2015 Guidelines
 - **AHA BLS**
 - **AHA Heartsaver**
- Letter of sponsorship from a Community Training Center Instructor Application (form attached)
- Letter from a Regional Faculty stating he/she will monitor your first class taught within 6 months of completion of instructors course.

REMINDERS- The purpose of this course is to become an instructor. Successful completion of the instructor course will be according to the current guidelines. You can find and review the guidelines at: 2015ECCguidelines.heart.org

SCHEDULE-Class date for the instructor course will be Thursday, October 24, 2019. The time will be 8:30 a.m. to 5:00 p.m. with registration starting at 8:00 a.m. Please plan on arriving early so the instruction can begin and end on time. There will be a lunch break. The location of the course will be at Health Educational Services, 36 Quail Run Circle, Suite 101 Salinas.

The overall class will be done in three phases:

The first phase will be a mandatory internet based, self paced, “BLS (Heartsaver) Essentials Course” that will need to be completed **prior** to the class date. Completion time is approximately 2 hours. An email will be sent with the link and activation key for access to the Essentials Course upon receipt of the course deposit. The second phase will be the classroom portion as described above. And the third phase will be conducting a course while being successfully monitored within six (6) months of taking the classroom portion. **It is your responsibility to set up a class to be monitored.**

Course fee will be \$450.00 for BLS Instructors or \$400.00 for Heartsaver Instructors (\$200 is non-refundable) and is required at the time of registration. Class size is limited and will be handled on first come basis upon receipt registration. Registration deadline is Tuesday, October 15, 2019. You must register online and mail/fax the attached application by the deadline. If you have any questions please feel free to contact my office at the number listed above.

To register click on the appropriate link below:

[BLS Instructors Course 10-24-19](#)

[Heartsaver Instructors Course 10-24-19](#)

Yours Truly,

Howard Main

Course Director



American Heart Association Emergency Cardiovascular Care Programs Instructor Candidate Application

Instructions: To be completed by the instructor candidate with appropriate signatures. Complete 1 application for each discipline.

Application for Instructor Status: Select the discipline you are applying for (select only 1):

- Heartsaver® BLS ACLS ACLS EP PALS PEARS®

Renewal date of provider card: _____

Candidate's name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Instructor Commitment: As an AHA Instructor, I agree to

- Teach at least 4 courses in 2 years in accordance with the guidelines of the AHA
- Maintain a current provider card
- Strengthen and support the Chain of Survival and the mission of the AHA in my community
- Conduct myself in accordance with the ECC Leadership Code of Conduct
- Avoid any perception of conflict of interest in accordance with the AHA Statement of Conflict of Interest

Signature of instructor candidate: _____ Date: _____

Verification of Instructor Potential: I verify that this instructor candidate has achieved a score of 84% or higher on the provider written examination in the discipline for which he or she is applying and has completed *at least 1* of the following options:

- Has been identified as having instructor potential during performance in a provider course
- Has demonstrated instructor potential during a screening evaluation
- Has demonstrated exemplary performance of provider skills under my direct observation

Signature of Training Center (TC) Faculty/Course Director: _____
(circle appropriate title)

Date: _____

TC Alignment and Instructor Network Verification: TC Coordinator of aligning TC has verified the following:

- I approve this application and grant alignment with this TC for this applicant. I agree to all responsibilities for this instructor as outlined in the current *Program Administration Manual*.
- I verify that this instructor is registered on the Instructor Network and has been approved as an instructor in this discipline and is aligned with this TC.

Instructor ID #: _____ Renewal Date: _____

TC Name: _____ TC ID #: _____

Signature of TC Coordinator: _____ Date: _____