

EMERGENCY MEDICAL CONSULTANTS INC.



Florida's Premier Provider Of Quality Medical Training Programs

Nationally Accredited and OSHA Programs

CEU Provider

Since 1988



ACLS Instructor Course

- For professionals who already have a strong knowledge of the subject(s)
- Designed to **prepare you to teach** the course, **not** to train you in the info
- Students will teach pre-assigned and "off the cuff" topics during the course

Requirements *(must be submitted at least 7 days prior to course)*

- Current ACLS Provider card
- Recommendation from ACLS course director showing a score of 90% on the written exam
- Proof of alignment with an AHA Training Center and AHA instructor candidate application
- ACLS pre-course self-assessment from provider manual (*all 3 sections*). To access the Student Website for this course go to www.heart.org/eccstudent and enter the code from page ii of the provider manual. You can read this information on page 2 of your provider manual.
- Online Instructor Essentials Course (1.25 Hours) – Complete at www.onlineaha.org/courses/105
- Must have 2015 ACLS Experienced Provider manual (**Item 15-1064**)
- Must have 2015 ACLS Instructor manual (**Item 15-1003**)
- Must have 2015 ACLS Provider manual (**Item 15-1005**)

All textbooks are mandatory. These can be acquired on your own, purchased at Laerdal (777-523-7325), or through our office.

772-878-3085 To Register

You must pay and fulfill all requirements before the course!

(772) 878-3085 * Fax: (772) 878-7909 * Email: info@medicaltraining.cc

597 SE Port Saint Lucie Blvd * Port Saint Lucie, Florida 34984

Visit Our Website... EMCmedicaltraining.com

**American Heart Association Emergency Cardiovascular Care Program
Instructor Candidate Application**

Instructions: To be completed by Instructor candidate with appropriate signatures. Please complete one application for *each* discipline.

Name (with credentials): _____

Mailing address: _____

Phone: _____ Fax: _____

Email: _____

Type of Instructor Course: Heartsaver BLS ACLS PALS

Recommended renewal date of Provider card in discipline in which candidate is seeking Instructor status: _____

Instructor Commitment: As an AHA Instructor, I agree to teach at least four courses in two years in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

Signature of Instructor Candidate

Date

TC Alignment: I approve this application and grant alignment with this Training Center for this applicant. I agree to all responsibilities for this Instructor as outlined in this manual.

Name of Training Center: _____

Signature of TC Coordinator: _____ 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/she is applying and has completed at least *one* 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 TCF/Course Director/Lead Instructor (circle appropriate title)

Date