

# EMERGENCY MEDICAL CONSULTANTS INC.



*Florida's Premier Provider Of Quality Medical Training Programs*  
Nationally Accredited and OSHA Programs  
CEU Provider  
Since 1988



## **PALS 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 PALS Provider card
- Recommendation from course director showing a score of 90% on the written exam
- Proof of alignment with an AHA Training Center and AHA instructor candidate application
- PALS pre-course self-assessment from provider manual (*all 3 sections*). To access the Student Website for this course, go to [www.heart.org/eccstudent](http://www.heart.org/eccstudent) and enter the code from page ii of your textbook. You can read this information on page 6 of your provider manual. (PLEASE NOTE: You must score at least 90% in all 3 sections.)
- Online Instructor Essentials Course (1.25 Hours) – Complete at [www.onlineaha.org/courses/107](http://www.onlineaha.org/courses/107)

### **Required Textbooks**

**2015 PALS Provider Manual**  
**2015 PALS Instructor Manual**



# Call 772-878-3085 To Register

All textbooks are mandatory. These can be acquired through Laerdal at 877-LAERDAL (523-7325) or purchased through our office.

**To register, you must pay and fulfill ALL requirements before the course.**

(772) 878-3085 \* Fax: (772) 878-7909 \* Email: [info@medicaltraining.cc](mailto:info@medicaltraining.cc)  
597 SE Port Saint Lucie Blvd \* Port Saint Lucie, Florida 34984  
*Visit Our Website... [EMCmedicaltraining.com](http://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