

# Now Training and Hiring-

Must be able to teach PT weekdays in St. Lucie

MUST HAVE MEDICAL LISC- I.E.: LPN, RN, EMT, MEDIC, MA, RRT

## **BLS/ CPR Instructor Course** \$115.00 + books

Emergency Medical Consultants is looking for driven individuals who are ready to take their CPR skills to the next level.



### **Take our CPR Instructor Course and learn how to teach others!**

- For professional 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 preassigned and “off the cuff” topics during the course

### **Requirements – Must be submitted at least 10 business days prior to course!**

1. Current BLS healthcare provider card & recommendation from course director showing a score of at least 90%.
2. Must email a current resume and copies of the front and back of provider card for approval before doing below:
3. Must complete BLS Instructor Essentials Online Course (\$38 to the AHA). Please visit <https://www.elearning.heart.org/course/801> to register.
4. Instructor App and AHA Training Center Alignment Form. We supply the form (you must have a training center who will allow you to teach with them – We do not guarantee we will hire any participants)
5. BLS Instructor Pre-Test & Skills Review Questions. We will provide these to complete, then fax or email back.

(Must have texts: Provider - \$19, Instructor - \$45 & Complete AHA online program \$38)

## **To Register call 772-878-3085**

## **You must pay and fulfill all requirements before the course!**

**Emergency Medical Consultants, Inc.**

Call: 772.878.3085 Toll Free: 1.866.4.EMC.INC Fax: 772.878.7909

Email: FromEMCoffice@gmail.com 597 SE Port St Lucie Blvd. Port St Lucie, FL 34984

Visit Our Website at [MedicalTraining.cc](http://MedicalTraining.cc)

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