

Shaun Fix



Emergency Medical Consultants

The Premier Provider Of Quality Medical Training Programs

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Medical CE 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 14 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 and pre-course (Quizzes & Videos) – Must score at least a 90%. Complete at <https://elearning.heart.org>
- Online Instructor Essentials Course (\$38, 1.25 Hours) – Complete at elearning.heart.org/course/804

Required Textbooks

\$52 - 2020 PALS Provider Manual

\$57 - 2020 PALS Instructor Manual



\$115.00 Per Person

To Register call 772-878-3085

You must pay and fulfill all requirements before the course!

All textbooks are mandatory. These can be 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

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

Visit Our Website... 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