



# American Heart Association New Instructor Card Request

Authorized Provider  
of CPR and ECC Courses



Course Type (check one):  BLS  ACLS  PALS

Card Type (check one):  Instructor  TC Faculty

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Date Monitored by TC or Regional Faculty: \_\_\_\_\_  
*(Include copy of Monitoring form)*

Date & Total Hours of Instructor Course:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Date Provider card Issued: \_\_\_\_\_ *(Include copy of current provider card)*

Your Instructor eCard is sent to the email address listed in AHA Instructor Network.

*I certify the above information is correct and I wish to obtain Instructor status.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date