



# American Heart Association Renewal 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: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Dates of at least 4 courses within the last two years:

\_\_\_\_\_  
Month/Year                      Month/ Year                      Month/Year                      Month/ Year

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

Instructor Card Expiration: \_\_\_\_\_ Attended all necessary AHA Updates: \_\_\_\_\_ (initial)

If renewing Provider card too                      OR  
Provider Exam Score: \_\_\_\_\_  
Skills demonstrated to Monitor:  Yes  No  
Monitors Initials: \_\_\_\_\_

If Provider card is still valid  
Provider Card Expiration: \_\_\_\_\_  
(Include copy of current provider card)

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

Instructor Card & Provider Cards are to be paid in Enrollware under TC Product Orders. \$10.00 per Instructor card and \$5.00 per BLS Provider card or \$7.00 per ACLS/PALS provider card. (if renewing Provider card)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date