



American Heart Association Emergency Cardiovascular Care Program Instructor Course Completion Notice to Primary TC

Instructions: This form is to be used when an Instructor candidate completes an Instructor Course sponsored by a TC other than his/her primary TC. Upon completion of the Instructor Course the TC Faculty member completes this form and sends it to the candidate's primary TC with originals of the candidate's skills evaluation and written examination. (Copies of originals are to be kept with course records.)

Name of Instructor Candidate: _____

Signature of Instructor Candidate: _____ Date: _____

This is to confirm that the above-named candidate has successfully completed an Instructor Course sponsored by:

Name of TC: _____

TC Site (if applicable): _____

Date of course: _____ Location: _____

Discipline: ☐ BLS ☐ HS ☐ PALS ☐ PEARS ☐ ACLS ☐ ACLS EP

Name of TCF Member: _____

Signature of TCF Member: _____ Date: _____

Signature of TC Coordinator: _____ Date: _____

This form is to be sent to the candidate's primary TC for monitoring and issuance of an Instructor card.

Name/address of Primary TC: _____

Name of Primary TC Coordinator: _____

Signature of TC Coordinator: _____ Date: _____