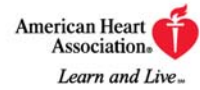




# American Heart Association Renewal Instructor Card Request

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: \_\_\_\_\_

Phone: \_\_\_\_\_ 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)

Mail card to the above address  I will pick up my card

Enclose a check or money order made payable to the National EMS Academy in the amount of \$10.00 per Instructor card and \$5.00 per BLS Provider card or \$6.00 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 \_\_\_\_\_