



## American Heart Association Emergency Cardiovascular Care Programs

### International Training Approval Request

*The AHA ECC International appreciates your efforts to spread the mission of the AHA ECC around the globe. We are dedicated to fostering AHA courses of the same high quality enjoyed around the world.*

*This form provides the initial information required to evaluate requests by instructors who wish to conduct AHA Courses Internationally or outside of their home country. Incomplete forms will be returned without processing. All boxes must be completed. Allow 6 weeks for processing. **Carefully follow instructions at end of form.***

Date the form was complete \_\_\_\_\_

#### Requesting Instructor Information

Name \_\_\_\_\_ (At least one contact number is required)

Address 1 \_\_\_\_\_ Mobile (Cell) \_\_\_\_\_

Address 2 \_\_\_\_\_ Office Phone \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

AHA Status \_\_\_\_\_

Email Address \_\_\_\_\_

Copies of both sides of all AHA  
instructors'  
cards that will be participating in the  
training opportunity should be scanned &  
emailed to  
[ecc.international@heart.org](mailto:ecc.international@heart.org)

#### Sponsor Training Center Information

TC Name \_\_\_\_\_ Zip \_\_\_\_\_

Coordinator \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ Mobile (Cell) \_\_\_\_\_

City \_\_\_\_\_ Office Phone \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

#### Course Location Information (Be as specific as possible)

Location \_\_\_\_\_ Email Address \_\_\_\_\_

Local Contact \_\_\_\_\_ (At least one contact number is required)

City \_\_\_\_\_ Mobile (Cell) \_\_\_\_\_

Country \_\_\_\_\_ Office Phone \_\_\_\_\_

**Additional Course Information (Be as detailed as possible)**

List each course individually. Every column in the table below must be completed (eg, Course Date, Type)

Course Dates	Type	Instructor or Provider	Language	# of students	Names of additional instructors (please copy cards as noted above)

List all equipment that will be used. Instructor manuals should be consulted for complete equipment lists. Describe how you will obtain the equipment (eg, shipped from U.S., on-site already)

List the number of Manuals purchased and the dates of when they will be given to students.

Manual	Number Issued	Date Issued to Student	Manual Language

**Submission Instructions**

Save the form and send as an email attachment to the address below. For faster processing, ask your Training Center Coordinator to send an email approving the course and accepting responsibility for course quality, monitoring and issuing course completion cards as outlined in the Program Administration Manual.

Within 4 weeks of course completion, the following must be submitted via email or fax; Copies of course rosters, actual course outline, photos of the training illustrating equipment used, students with provider manuals and venue. Shipping receipts for equipment and provider manual invoices may be used in place of photos.

[ecc.international@heart.org](mailto:ecc.international@heart.org)