**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 that wish to conduct Internationals AHA Courses. Incomplete forms will be returned without processing. All boxes must be completed. Allow 4 weeks for processing. Carefully follow instructions at end of form.

**Date** **the form was complete** Click here to enter a date.

**Requesting Instructor Information**

**Name** Click here to enter text. ssdcdad

**Street Address 1** Click here to enter text.

**Street Address 2** Click here to enter text.

**City** Click here to enter text.

**State** Click here to enter text.

 **Zip** Click here to enter text.

**AHA** **Status** Choose an item.

**Email** **Address** Click here to enter text.

 (*At least one contact number is required*)

**Mobile (Cell)** Click here to enter text.

**Office Phone** Click here to enter text.

**Country** Click here to enter text.

Both sides of instructors’ cards should be scanned & emailed to ECCInternational@Heart.org or faxed to +1 214 987 9361

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsor Training Center Information**

**TC Name** Click here to enter text.

**Coordinator** Click here to enter text.

**Street** **Address** Click here to enter text.

**City** Click here to enter text.

**State** Click here to enter text.

**Zip** Click here to enter text.

**Email** **Address** Click here to enter text.

**Mobile** **(Cell)** Click here to enter text.

**Office** **Phone** Click here to enter text.

**Country** Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Location Information**

*(Be as specific as possible)*

**Location** Click here to enter text.

**Local** **Contact** Click here to enter text.

**City** Click here to enter text.

**Country** Click here to enter text.

**Email** **Address** Click here to enter text.

(*At least one contact number is required*)

**Mobile** **(Cell)** Click here to enter text.

**Office** **Phone** Click here to enter text.

**Additional Course Information**

*(Be as detailed as possible)*

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Dates** | **Type** | **Instructor or Provider** | **Language** | **# of students** | **Names of additional instructors (please copy cards as noted above)** |
| Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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

Click here to enter text.

**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** |
| Choose an item. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |

**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.

ECCInternational@heart.org

**or**

Fax to+ 1 214 987 9361

Attention : ECC Training