



**American Heart Association Emergency Cardiovascular Care Program**

**Notice to Primary Training Center of Instructor Teaching Activity**

**Instructions:** When an instructor teaches a course at a Training Center (TC) other than his or her primary TC, this form is to be completed and sent to the instructor's primary TC. A letter with the same information or a copy of the course roster (without scores) may also meet this requirement.

**SECTION 1:**

**Instructor Information**

Instructor name: \_\_\_\_\_ Instructor ID#: \_\_\_\_\_

Instructor ID #: \_\_\_\_\_ Instructor card expiration date: \_\_\_\_\_

Discipline:  Heartsaver®  BLS  ACLS  ACLS EP  PALS  PEARS®

**SECTION 2:**

**Primary TC Information**

TC name: \_\_\_\_\_ TC ID#: \_\_\_\_\_

TC address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

TCC name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 3:**

**Sponsoring TC and Course Information**

**This confirms that the above-named instructor has taught the following course:**

TC name (sponsoring course): \_\_\_\_\_ TC ID#: \_\_\_\_\_

Training Site (if applicable): \_\_\_\_\_

TC address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

TC Coordinator name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of course: \_\_\_\_\_ Location: \_\_\_\_\_

Type of course taught: \_\_\_\_\_

Modules/stations taught: \_\_\_\_\_

Course Director/Lead Instructor name: \_\_\_\_\_ Instructor ID#: \_\_\_\_\_

Signature of Course Director/Lead Instructor: \_\_\_\_\_ Date: \_\_\_\_\_