



Statement of Understanding

During the period, which you serve as an Instructor, Training Center Faculty or Regional Faculty of the American Heart Association, you understand and agree to the following requirements:

- ♥ Use AHA materials and content as core curriculum when teaching AHA ECC programs. (Core curriculum per course ***only*** from agendas in appropriate Instructor manual).
- ♥ Evaluate all students to the established AHA standards and guidelines, using the appropriate Skills Performance Sheets found in your instructor manual.
- ♥ Allow all students the opportunity to complete a course evaluation form to solicit feedback on the course content and the Instructor(s). Each form must indicate a mechanism for the student to send the form to the Training Center or the Regional ECC office. The TC reserves the right to request copies of these at anytime to ensure continuous Quality Improvement for data trends, and outcomes.
- ♥ Arrange for and/or coordinate AHA courses as required or requested to further the American Heart Association's mission and strengthen the Chain of Survival in my community.
- ♥ Disseminate appropriate information concerning new materials, changes in policies, procedures, and techniques to ensure quality control.
- ♥ Attend all AHA and Training Center updates as required for new guidelines, also including new policies and procedures.
- ♥ Teach the required number of courses each year per AHA guidelines (at least four courses in two years).
- ♥ Submit all required paperwork including rosters, monitoring forms and grievance procedures within seven to ten business days of the course completion. All rosters must be complete or they will be returned for completion, thus causing a delay in card issuance. This will ensure that all cards will be issued within the AHA & TC thirty day requirement.
- ♥ Issue the appropriate AHA course completion card to all participants upon successful course completion.
- ♥ Refrain from engaging in activities that are in conflict with the goals of the AHA.
- ♥ Represent the AHA in a professional and dignified manner at all times.

I understand and agree to the above terms during my appointment to the position in which I serve. I can contact the TC for clarification of any of the above. I also understand that I may be expelled from this Training Center if I do not adhere to all guidelines and policies therein.

Signature of Instructor

Date

Print Name