

## American Heart Association Emergency Cardiovascular Care Programs Training Center Faculty Candidate Application

**Instructions:** To be completed by the Training Center Faculty (TCF) candidate with appropriate signatures.

Name: \_\_\_\_\_

Instructor ID #: \_\_\_\_\_ Expiration date of instructor card: \_\_\_\_\_

Discipline:     BLS                       ACLS                       PALS

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Letter of recommendation from Regional Faculty or TCF member is attached.

**TCF Commitment:** As a TCF member, I agree to

- Teach at least 4 provider courses in 2 years
- Teach 1 instructor course in 2 years
- Monitor instructors/instructor candidates/Course Directors in accordance with the guidelines of the AHA
- Strengthen and support the Chain of Survival and the mission of the AHA in my community
- Conduct myself in accordance with the ECC Leadership Code of Conduct
- Avoid any perception of conflict of interest in accordance with the AHA Statement of Conflict of Interest

Signature of TCF candidate: \_\_\_\_\_ Date: \_\_\_\_\_

**TC Alignment:** I approve this application and grant alignment with this TC for this applicant and agree to all responsibilities for this TCF member, as outlined in the current *Program Administration Manual*.

Name of TC: \_\_\_\_\_

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

Signature of TC Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_