



Wyoming Medical Center

American Heart Association Training Center
Wyoming Medical Center/Center for Learning and Performance
1233 E. 2nd Street
Casper, WY 82601
1.800.822.7201 Ext. 2073
Fax 1.307.577.4324

2009/2010 Renewing Instructor(s):

Thank you for renewing your Instructor Status - we value the training opportunities you provide to the people of Wyoming! Please take a moment to read through the information presented below regarding the two options for meeting renewal requirements. Remember, all renewal requirements **MUST** be met prior to expiration to issue a new Instructor card.

American Heart Association Instructor Renewal Criteria

(As taken from the AHA PROAD Manual)

Instructors may renew their status in 1 of 2 ways, as follows:

Option 1

- a. **Maintain current Provider status** as evidenced by current Provider card *OR* demonstration of acceptable Provider skills and successful completion of the Provider written examination.
- b. If the Instructor chooses the demonstration route, successful completion must be documented on the Instructor/TCF Renewal Checklist. A new Provider card may be issued at the discretion of the TC or on request of the renewing Instructor but is not required by the AHA.
- c. **Teach** a minimum of **4 classroom provider courses** in 2 years. This requirement can only be waived by the Regional ECC Committee or Area Task Force in rural areas where a limited number of courses are offered. Each day of skills testing sessions for eLearning courses counts as 1 of the required 4 courses; all 4 credits can be earned this way.
- d. **Attend updates** as required within the previous 2 years. Updates may address new course content or methodology and review TC, regional and national ECC information.
- e. **Be monitored** teaching a regular or renewal course in the preceding 2 years. This should be done by a current **TCF/RF/CD ONLY** in each discipline you are seeking renewal. Non-credentialed Instructors **cannot** monitor each other!

Option 2

Successfully complete the discipline-specific Instructor Course, including monitoring of teaching performance. If deficiencies in content knowledge, skills performance, or teaching ability are noted, the Instructor may be remediated.

If renewal criteria are not satisfied within the card expiration period, the Instructor must repeat the Instructor recognition process, including the Core Instructor Course if not already completed.

Special Exceptions to Teaching Requirements

The requirement of teaching a minimum of renew Instructor status using Option 1 as under special circumstances. These circumstances limited to the following:

- Call to active military duty (for an Instructor reserve or National Guard).
- Illness or injury that has caused the Instructor employment or teaching duties.
- A limited number of courses offered in an audience or delay of course materials

The first monitoring after the initial Instructor Course does not satisfy this requirement!

YOU ARE RESPONSIBLE for ensuring you satisfy the renewal requirements prior to your expiration date - THERE IS NO GRACE PERIOD!

To renew your Instructor Status(es), you must satisfy the renewal requirements outlined on the previous page. In addition you must:

- Provide a current, valid email address
- Use the WorldPoint Instructor Roster Tool to submit your course rosters (*coming late '09*)
- Register on the AHA Instructor Network
- Complete the Electronic Update Powerpoint
- Pay for each instructor/provider card (*Provider cards issued only at request of renewing instructor*)
- Submit paperwork listed below

Please submit the following items, **fully completed**, to the Training Center for processing.

- Instructor Renewal Cover Sheet
- Monitor Form
- Instructor/TCF Renewal Checklist
- Instructor Agreement (*please note the different form for WMC Instructors vs. non-WMC Instructors and complete the appropriate form*)
- Provider Card Copy/Completion Verification
- Policy and Procedure Review Form
- 2009/2010 Instructor Renewal Update Quiz

Only complete renewal paperwork will be accepted. Instructor renewals will not be accepted if received more than 30 days past the expiration date. Incomplete items will be returned to you.

If you do not have a current Instructor's card, you may not teach!

***IF YOU HAVE NOT MET MINIMUM TEACHING REQUIREMENTS OR YOU DO NOT WISH TO RENEW YOUR INSTRUCTOR STATUS, PLEASE COMPLETE AND SUBMIT ONLY THE INSTRUCTOR RENEWAL DECLINATION FORM.**

Course monitoring sessions must be arranged by each instructor with a TCF/RF. This must be done in **each** discipline in which the instructor is seeking renewal. Course Directors may monitor renewing ACLS and PALS Instructors. The TCF/RF members aligned with our Training Center are:

<u>NAME</u>	<u>LOCATION</u>	<u>DISCIPLINE</u>
Russ Christiansen	Casper	BLS, ACLS, PALS
Tami Haines	Casper	BLS
Chris Reese	Casper	BLS
Jerod Levin	Casper	BLS
Kay Herndon	Casper	ACLS, PALS
Jack Moore	Casper	BLS
Angelena Potter	Casper	BLS
Dennis Myatt	Cheyenne	BLS
Joanne Moore	Douglas	BLS
Ken Oliver	Evanston	BLS
Maureen O'Leary	Jackson	BLS
Louis Hammer	Lusk	BLS
Aimee Binning	Pinedale	BLS
Laurie Wempen	Riverton	BLS
Nancy Wright	Riverton	BLS
Terrill Hopper	Rock Springs	BLS
Ron Gatti	Rock Springs	BLS
Chris Paris	Thermopolis	BLS, ACLS
Juanita Bueter	Yellowstone Nat'l Park	BLS
Amy Olwell	Yellowstone Nat'l Park	BLS
Joe Bueter	Yellowstone Nat'l Park	BLS

We have approximately 270 Instructors who will need to renew in the coming year. Please plan your renewal activities in advance. We will keep you notified via email of the required Update Training and Instructor Roster Tool rollout dates (Fall/Winter 2009).

Instructor Renewal Cover Sheet



Name:	Today's Date:
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Discipline <i>(circle all that apply)</i>	BLS	HS	ACLS	PALS	TCF	RF
Expiration Date(s)						
Date(s) of Initial Training						

Mailing Address	
City	
State/Zip	
Contact Phone	
Fax	
Email Address	

Who Do You Teach Classes For? <i>(circle all that apply)</i>	Self	Employer
Employer Name		
Mailing Address		
City		
State/Zip		

INSTRUCTORS: PLEASE INDICATE BELOW THAT YOU HAVE MET ALL REQUIREMENTS

Requirements	Completed
Maintain Current Provider Card (provide copy if applicable)	
Completed All Items On The Renewal Checklist	
Met Minimum Teaching Requirements	
Course Monitoring Requirement Met/Form Completed	
Signed New TC Agreement	
Registered On Instructor Network	
Complete Policy and Procedure Review Form	
Complete the Electronic Instructor Update Powerpoint and Quiz	
Registered With WorldPoint For Instructor ToolKit <i>(Fall/Winter '09)</i>	
Submit Order Form/Payment For New Instructor/Provider Card(s)	
No Outstanding Account Balance	

Do you have any interest in adding a discipline to your Instructor Status?	YES	NO
If yes, please circle all disciplines you are interested in:		
BLS HS ACLS PALS ACLS CD PALS CD BLS TCF ACLS TCF PALS TCF BLS RF ACLS RF PALS RF BLS NF ACLS NF PALS NF		

For TC Office Use Only

Requirement	Verified
Renewal Documents Received	
Completed All Items On The Renewal Checklist	
Completed All Items On The Renewal Cover Sheet	
Card Payment Received	
Outstanding Account Balances Paid (if applicable)	
New Instructor/Provider Card Issued	
Updated in Database/Copy in File	



American Heart Association | American Stroke Association

Learn and Live

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor/Competency Checklist Form

American Heart Association Emergency Cardiovascular Care Instructor Competency Checklist Instructions to Training Center (TC) Faculty: Use this form as a guide in assessing instructor candidate proficiency in the AHA Core Course competencies during the practice session in the discipline-specific course. Not all competencies can be assessed in a single instructor candidate demonstration. Share with the instructor candidate those competencies that are emphasized as well as the ones indicated with an asterisk (*).

Instructor Candidate:

Being evaluated for:

___ Heartsaver ___ BLS ___ ACLS ___ ACLS-Experienced

Provider

___ PALS

Instructor's Primary TC for this Discipline: _____

Reason for Monitoring:

___ Initial Recognition

TC Sponsoring Instructor Course: _____

Instructor Course Date: _____

___ Renewal (or Interim Evaluation)

Instructor Card Expiration Date: _____

___ Remediation (for repeat monitoring if previous monitoring is unsuccessful)

Previous Monitoring Date/Person Monitoring: _____

Course monitored: _____

Monitoring Date/Location (TC and Site): _____

Name of Reviewer: _____

Reviewer's Status (check all that apply) for this discipline:

___ TCF ___ Course Director ___ Regional Faculty in this discipline

Reviewer's Training Center _____

Teaching was monitored during the following sections of the course:

___ Teaching/Skills Stations ___ Evaluation/Skills Stations ___ Student Remediation

Key	
Successful	Conducted course and demonstrated competency as an AHA instructor in a manner consistent with AHA standards with only minimal coaching or correction necessary.
Needs Remediation	Missed significant opportunities to handle a situation that occurred in a manner consistent with the standards set for an AHA instructor or was inconsistent in meeting same standards. Coaching and correction was necessary to ensure course met AHA standards or conduct of course did not meet standards.

Competency	Successful	Needs Remediation	No Opportunity to Observe During Course
Prepare the Learning Environment: Arranges the learning space to best suit course needs, ensures adequate sight lines for viewing demonstrations or videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish/Maintain Professional Credibility: Presents self in a professional and confident manner	<input type="checkbox"/>	<input type="checkbox"/>	
Communicate Effectively: Communicates ideas and concepts clearly, maintains positive rapport with learners, uses appropriate nonverbal communication skills, uses appropriate terminology for audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage Technology: Uses technology such as manikins, rhythm generators, AED trainers, other course equipment and audio/video technology effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stimulation and Motivation: Provides a stimulating learning environment that maintains interest of students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation Skills: Discusses or demonstrates course content effectively using appropriate AHA course materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questioning: Interacts with students with appropriate questions to evaluate student understanding and thinking processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarification and Feedback: Recognizes students' need for additional information and provides appropriate feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promote Retention: Reinforces key points, follows course lesson maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promote Transfer: Shows applicability of information to students' environment, encourages continued practice after course completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Assess Learning and Performance: Evaluates student's skill performance and/or knowledge to determine ability or comprehension to meet course objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Remediation: Recognizes need for remediation and interacts with students to improve student performance to level consistent with course objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Reviewer's signature: _____ Date: _____

Successful Demonstration: Yes No

Recommendations and Action Plan: _____

**American Heart Association Emergency Cardiovascular Care Program
 Instructor/TCF Renewal Checklist**

Instructions:

This checklist may be used to document successful completion of Instructor/TCF renewal requirements and contact information. It is recommended that the TC keep the completed form in the Instructor's file.

Instructor/TCF Contact Information

Name: _____
 Address: _____
 Phone: _____ Fax: _____
 Email: _____
 Other contact information: _____
 Discipline: HS BLS ACLS PALS Instructor card expiration date: _____
 Primary TC (for discipline seeking renewal): _____
 Name of TC Coordinator: _____

Renewal Checklist

- Provider skills successfully demonstrated Date: _____ Method: _____
- Provider examination completed with a score of 84% or higher Date: _____
- BLS or HS Instructor: Instructor exam completed with a score of 84% or higher Date: _____
- Instructor/TCF update(s) attended Date(s): _____
- Instructor/TCF Monitor Form completed successfully Date: _____
- At least four Provider Courses taught in past two years or waiver obtained (see below)
- If applicable (for TCF), one Instructor/Instructor Renewal Course taught in past two years (see below)

Teaching Activity

Course Name	Date	Location (TC/Site)	Station/Module
1.			
2.			
3.			
4.			
Instructor/Instructor Renewal Course			
1.			

Additional courses may be attached or listed on the back of this form.

- New Instructor card issued Date: _____
- TCF status maintained Date: _____

Wyoming Medical Center

AHA Instructor Agreement

1233 East 2nd
Casper, WY 82601
1-307-577-2073
Fax: 1-307-577-2579

This is an agreement between _____
(AHA Instructor)

AND

Wyoming Medical Center
A Training Center for with American Heart Association Desert/Mountain Affiliate.

This agreement is valid through your AHA Instructor Period:
_____, 20____ through _____, 20____.
(Fill in at the time of card issuance)

AHA Instructor:

Please initial the following statements:

- _____ I will conduct all AHA courses in accordance with the training and program standards of the American Heart Association and training site policy and procedures.
- _____ I will contact the TC Coordinator or Training Site to access all current paperwork and tests.
- _____ I will maintain current status by teaching at least two completion classes per year.
- _____ I will receive Instructor Update information prior to expiration date when applicable.
- _____ I will keep my provider card current.
- _____ I will meet all criteria to renew my Instructor Certification prior to my expiration date.

There is NO Grace Period!

By signing below I agree to abide by all the TC guidelines and understand I can be terminated if I am found not in compliance.

AHA Instructor Signature

AHA Training Center

Date

Date

Wyoming Medical Center

AHA Instructor Agreement Wyoming Medical Center Staff

1233 East 2nd
Casper, WY 82601
1-307-577-2073
Fax: 1-307-577-2579

This is an agreement between _____
(AHA Instructor)

AND

Wyoming Medical Center
A Training Center for with American Heart Association Desert/Mountain Affiliate.

This agreement is valid through your AHA Instructor Period:
_____, 20____ through _____, 20____.
(Fill in at the time of card issuance)

AHA Instructor:

Please initial the following statements:

- _____ I will conduct all AHA courses in accordance with the training and program standards of the American Heart Association and WMC training site policy and procedures.
- _____ I will contact the TC Coordinator or Training Site to access all current paperwork and tests.
- _____ I will maintain current status by teaching two completion classes per year.
- _____ I agree to teach at least two of Wyoming Medical Center's scheduled classes per year.
- _____ I will keep my provider card current.
- _____ I will receive Instructor Update information prior to expiration date when applicable.
- _____ I will meet all criteria to renew my Instructor Certification prior to my expiration date.

There is NO Grace Period!

By signing below I agree to abide by all the TC guidelines and understand I can be terminated if I am found not in compliance.

AHA Instructor Signature

AHA Training Center

Date

Date

Policy And Procedure Review



Name:		Today's Date:	
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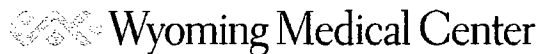
As a renewal requirement, please log on to the Wyoming Medical Center www.wyomingmedicalcenter.com and review the policies and procedures located under the AHA Instructor Section.

After you have reviewed the information, please verify completion by initialing each item below. This will be required to satisfy your renewal requirements.

Key Point	Initials
I have the appropriate contact information for WMC's Training Center	
I understand the various acronyms used by the American Heart Association	
I have reviewed the Mission and Vision statements	
I have reviewed the Operational Responsibilities	
I have reviewed the records management, document and records information	
I understand the instructor records transfer process	
I have reviewed the reporting course dates and TC activity report section	
I have reviewed the instructor status, alignment, recognition, renewal and revocation section	
I understand that it is my responsibility to meet all renewal requirements prior to expiration	
I have reviewed the Conflict of Interest	
I have reviewed the TCF section	
I have reviewed the Training Site section	
I have reviewed the section on course completion cards	
I understand that I must submit proper payment with each order submitted	
I have reviewed the sections on course fees and use of AHA material	
I have reviewed the sections on manikin cleaning and maintenance	
I have reviewed the Quality Assurance program	
I have reviewed the Dispute Resolution/disciplinary action section	
I have reviewed the Reciprocity section	
I understand that I should use the most current forms	
I know where to find current forms	
I am aware of the Instructor Network and ECC Class Connector	
I understand that the Instructor Manual, PROAD, and AHA Instructor Network are great resources	

Signature: _____

Instructor Renewal Update Quiz



Name:		Today's Date:	
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1. How many total slides were in this presentation? (Circle one): 20 23 27 31
2. The topic I found most beneficial is: _____
3. The topic I would like more information on is: _____
4. I have a better understanding of the different roles in the Training Center: Yes No
5. Approximately how many instructors are aligned with WMC TC? (Circle one):
275 300 325 350
6. Do you feel the WorldPoint One and Instructor Roster Tool Systems will be beneficial?
(circle one): Yes No Unsure
7. I will register on the AHA Instructor Network: Yes No Already Have Registered
8. When is AHA rolling out the new science? _____
9. I can check the authenticity of a card by:
 - a. Checking for the AHA Logo watermark by holding it at a 45° angle.
 - b. Using a magnifying glass to verify micro-print on the lines on the front side of the card.
 - c. Spraying water on the front of the card to see if the pre-printed ink runs.
 - d. Using a special marker to write on the back of the card to determine if the color changes or not.
10. Key concepts to keep in mind when teaching a provider class are:
 - a. I must stay within the student-instructor and student-manikin ratios outlined in each instructor manual.
 - b. I can access a sample course agenda and equipment list in each instructor manual.
 - c. Students must have the current appropriate textbook for their class.
 - d. All of the above

Other comments: _____

Instructor Renewal Declination



Name:		Today's Date:	
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I **will not** be renewing my instructor status in the following disciplines:

Discipline <i>(circle all that apply)</i>	BLS	HS	ACLS	PALS	TCF	RF
Expiration Date(s)						

My reason for not renewing my instructor status is
(please check ('x') all that apply):

I no longer wish to be an instructor	
I did not meet the minimum teaching requirements	
I never completed the initial instructor process	
Other:	

I understand that if I choose to become an instructor again in the future, I must complete the initial recognition process from the beginning.

Instructor Signature: _____

For TC Office Use Only

Action	Completed
Remove from Instructor database	
Deactivate on Instructor Network	
Deactivate in Quickbooks in account is paid in full	
Deactivate Instructor records folders	

