

**American Heart Association Emergency Cardiovascular Care Program
Training Center Faculty (TCF) Candidate Application**

Instructions: To be completed by TCF candidate with appropriate signatures.

Name (with credentials) _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email _____

Expiration date of BLS Instructor card: _____

Letter of recommendation from Regional or TCF member attached

Training Center Faculty Commitment: As a Training Center Faculty member, I agree to teach at least four Provider Courses in two years plus one Instructor Course and to monitor Instructors/Instructor candidates/Course Directors in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

Signature of Training Center Faculty Candidate Date

TC Alignment: I approve this application and have provided documentation that the candidate has been an Instructor for a minimum of two years or has taught a minimum of eight courses with positive evaluations by students. I grant alignment with this Training Center for this applicant and agree to all responsibilities for this Training Center Faculty member as outlined in this manual.

Name of Training Center: _____

Signature of TC Coordinator: _____ Date: _____