



**American Heart Association Emergency Cardiovascular Care Programs  
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: \_\_\_\_\_ Instructor ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Other contact information: \_\_\_\_\_

Discipline:  HS  BLS  ACLS  ACLS EP  PALS  PEARS

Instructor card expiration date: \_\_\_\_\_

Primary TC (for discipline seeking renewal): \_\_\_\_\_

Name of TC Coordinator: \_\_\_\_\_ TC ID#: \_\_\_\_\_

**Renewal Checklist**

Provider skills successfully demonstrated Date: \_\_\_\_\_ Method: \_\_\_\_\_

Instructor/TCF update(s) attended Date(s): \_\_\_\_\_

Instructor/TCF Monitor Form completed successfully Date: \_\_\_\_\_

At least 4 provider courses taught in past 2 years or waiver obtained (see below)

If applicable (for TCF), 1 instructor/instructor renewal course taught in past 2 years (see below)

**Teaching Activity**

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

Instructor/Instructor Renewal Course (if renewing TCF)			
1.			

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

New instructor card issued Date: \_\_\_\_\_

TCF status maintained Date: \_\_\_\_\_