



Grant Medical Center

OhioHealth

LifeLink EMS Programs

Clinical • Educational • Operational

LifeLink Outreach Education

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AHA Instructor Renewal Packet

For Current American Heart Association ACLS, BLS and PALS Instructors Only

REV 2012-01-31

Instructor Name: _____

Date Submitted: _____

An instructor renewal packet must be completed for each AHA discipline.

(I.e. if you are an ACLS and PALS instructor, you must complete an Instructor Renewal Packet for your ACLS instructor renewal and a separate Instructor Renewal Packet for your PALS instructor renewal.)

INSTRUCTOR RENEWAL REQUIREMENTS

What AHA instructor status are you renewing? Check only one box: ACLS BLS PALS

All instructors must complete and attach the following items for Instructor Renewal:

- Instructor Renewal Checklist
- Instructor Monitor/Competency Checklist Form
- Personnel Information Form with attachments
- Copy of your current provider card for the discipline in which you are renewing

Additional Skills Station and Exam items for ACLS Instructors:

- ACLS CPR/AED Testing Checklist
- ACLS Management of Respiratory Arrest Checklist
- ACLS Megacode Testing Checklist
- ACLS Written Exam answer sheet with a score of 84% correct or greater

Additional Skills Station and Exam items for BLS Instructors:

- BLS for Healthcare Providers CPR Critical Skills Checklist
- BLS for Healthcare Providers Written Exam answer sheet with a score of 84% correct or greater

Additional Skills Station and Exam items for PALS Instructors:

- PALS CPR/AED Testing Checklists
- PALS Core Case Competency Case Checklist
- PALS Written Exam answer sheet with a score of 84% correct or greater

**Submit your Instructor Renewal Packet at least one month before your instructor card expires.
Packets with illegible, incomplete or missing documents will not be processed.**

LifeLink Office Use Only:

Approved For: ACLS-I BLS-I PALS-I Other _____

Approved By: _____ Date: _____

Completed By: _____ Date: _____

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: 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: _____
- 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: _____



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: _____

General Information

Last Name	First Name	MI	Date

	<input type="checkbox"/> Associate (Clock # _____) <input type="checkbox"/> Contractor <input type="checkbox"/> N/A
Professional Credentials (RN, EMTP, Etc)	OhioHealth Employment Status

<input type="checkbox"/> High School	<input type="checkbox"/> Professional/Technical Diploma	<input type="checkbox"/> Undergraduate Degree	<input type="checkbox"/> Masters Degree	<input type="checkbox"/> Doctorate Degree
Highest Level of Education Completed				

Home Mailing Address	City	State	Zip (+4)

Home Phone	Mobile Phone	Other Phone

Email Address	Other Email Address

Primary Employer	Department / Division / Station	Shift / Unit Day

Additional Employer	Department / Division / Station	Shift / Unit Day

Additional Employer	Department / Division / Station	Shift / Unit Day

In Case of Emergency, Call

Last Name	First Name	MI

Home Phone	Mobile Phone	Other Phone

Signature Block

Signature	Signed Initial(s)

Certifications and Licenses

Attach copies of the front and back of all EMS, Fire, Nursing and Physician Certifications and Licenses to this packet. Examples include:

Primary certifications and Licenses

Ohio EMS Certification card, Ohio Firefighter Certification card, Proof of Ohio Nursing License, Proof of Ohio Medical License

Specialization certifications

CCEMTP, CICP, CEN, CCRN, Etc

Course Completion

Provider and Instructor cards for ACLS, BLS Healthcare, PALS, ITLS, ATLS, ENPC, TNCC, Etc

American Heart Association BLS Instructors Only

AHA Instructors are required to be aligned and report to one approved Training Center that is responsible for maintaining their official records. However, an instructor may teach for multiple Training Centers and Sites.

- I have current AHA BLS Instructor and Healthcare Provider cards and am primarily aligned with LifeLink
- I have current AHA BLS Instructor and Provider cards and am primarily aligned with a Training Site that reports to LifeLink (Compete the fields below)
- I have current AHA BLS Instructor and Healthcare Provider cards and am primarily aligned with another Training Center or a Training Site that reports to another Training Center (Compete the fields below)

<input type="checkbox"/> Training Center	<input type="checkbox"/> Training Site
Contact Name	
Mailing Address	City
	State
	Zip (+4)
Email Address	Business Phone
	Business Fax

American Heart Association ACLS Instructors Only

AHA Instructors are required to be aligned and report to one approved Training Center that is responsible for maintaining their official records. However, an instructor may teach for multiple Training Centers and Sites.

- I have current AHA ACLS Instructor and Provider cards and am primarily aligned with LifeLink
- I have current AHA ACLS Instructor and Provider cards and am primarily aligned with a Training Site that reports to LifeLink (Compete the fields below)
- I have current AHA ACLS Instructor and Provider cards and am primarily aligned with another Training Center or a Training Site that reports to another Training Center (Compete the fields below)

<input type="checkbox"/> Training Center	<input type="checkbox"/> Training Site
Contact Name	
Mailing Address	City
	State
	Zip (+4)
Email Address	Business Phone
	Business Fax

American Heart Association PALS Instructors Only

AHA Instructors are required to be aligned and report to one approved Training Center that is responsible for maintaining their official records. However, an instructor may teach for multiple Training Centers and Sites.

- I have current AHA PALS Instructor and Provider cards and am primarily aligned with LifeLink
- I have current AHA PALS Instructor and Provider cards and am primarily aligned with a Training Site that reports to LifeLink (Compete the fields below)
- I have current AHA PALS Instructor and Provider cards and am primarily aligned with another Training Center or a Training Site that reports to another Training Center (Compete the fields below)

<input type="checkbox"/> Training Center	<input type="checkbox"/> Training Site
Contact Name	
Mailing Address	City
	State
	Zip (+4)
Email Address	Business Phone
	Business Fax