

CARLSON CONSULTING GROUP

4525 130th Ave. S.E. • Bellevue, WA 98006
Phone: (425)-943-0057 • Fax: (425)-943-0059
office@carlsonconsultinggroup.com
www.carlsonconsultinggroup.com

ACLS Instructor Renewal Form 2010

Reminder, there is no longer a grace period, so if you wish to renew, all requirements must be completed before your instructor status expires.

Name _____
Address _____
City, State, Zip _____
Phone _____ email _____

Please fill in all of the appropriate blanks. New cards will not be issued if any information is missing.

1. _____ I have taught at least four courses over the last two years. Courses I have taught are courses are listed below. (Must list at least four)

2. _____ I have had my provider skills validated in the six months prior to renewing my ACLS instructor status.

Date of course _____ Course location _____

Skills-check completed by: _____ TC Faculty RF Faculty

___ Airway

___ AED / BLS

___ Tachycardias

___ Bradycardia /PEA/ Asystole

___ VF / VT

___ MI / Stroke

Written evaluation score _____

3. _____ I have had my teaching monitored by a regional faculty person sometime in the past two years. Their evaluation of my teaching is documented on the reverse side of this form.

4. _____ I have access to the 2006 ACLS Instructor Manual.

5. _____ I have enclosed appropriate fees: \$13.25 for my new ACLS Instructor card; and an additional \$ 13.25 if I desire a new ACLS Provider card.

Signature _____ Date _____

ACLS Instructor / Regional Faculty Evaluation Form

This form must be completed and submitted with your renewal form to renew your instructor status.

Name _____ Course Date _____

Type of course monitored ___ ACLS Provider ___ ACLS Renewal ___ ACLS Instructor

Audience in Class ___ RN ___ MD ___ RT ___ Pharmacist ___ Paramedic _____ Other

Stations Monitored:

- 1.
- 2.
- 3.

Presentation Evaluation

	Satisfactory	Excellent	Needs improvement
Defined objectives			
Demonstrated knowledge of subject			
Teaching qualities <ul style="list-style-type: none"> • Preparedness • Enthusiasm 			
Organization <ul style="list-style-type: none"> • Logical • Recapped important points • Used time effectively 			
Adhered to AHA guidelines			
Evaluation and critique <ul style="list-style-type: none"> • Provided students with constructive comments • Identified students needing remediation 			
Able to answer questions			
Equipment Use <ul style="list-style-type: none"> • Had appropriate equipment available • Used equipment effectively • Discussed safe use of equipment, as needed 			

Comments and overall impression of instructor:

As Regional Faculty or TC Faculty, I have reviewed this evaluation form with the instructor and made appropriate suggestions for improvement.

Regional Faculty/TC Faculty signature:

 Instructor signature: _____