

# CARLSON CONSULTING GROUP

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## ACLS Instructor Renewal Form 2012

**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: \_\_\_\_\_

ACLS TC Faculty  ACLS 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 2011 ACLS Instructor Manual.

5. \_\_\_\_\_ I have enclosed appropriate fees: \$13.95 for my new ACLS Instructor card; and an additional \$ 13.95 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
<b>Defined objectives</b>			
<b>Demonstrated knowledge of subject</b>			
<b>Teaching qualities</b> <ul style="list-style-type: none"> <li>• Preparedness</li> <li>• Enthusiasm</li> </ul>			
<b>Organization</b> <ul style="list-style-type: none"> <li>• Logical</li> <li>• Recapped important points</li> <li>• Used time effectively</li> </ul>			
<b>Adhered to AHA guidelines</b>			
<b>Evaluation and critique</b> <ul style="list-style-type: none"> <li>• Provided students with constructive comments</li> <li>• Identified students needing remediation</li> </ul>			
<b>Able to answer questions</b>			
<b>Equipment Use</b> <ul style="list-style-type: none"> <li>• Had appropriate equipment available</li> <li>• Used equipment effectively</li> <li>• Discussed safe use of equipment, as needed</li> </ul>			

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: \_\_\_\_\_