

# CARLSON CONSULTING GROUP

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## BLS 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 AHA 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 healthcare provider skills validated in the preceding two years of renewing my BLS instructor status.

Date of course: \_\_\_\_\_ Course location: \_\_\_\_\_

BLS Skills Check-off done by: \_\_\_\_\_  TC Faculty  RF Faculty

\_\_\_ Adult One and Two Rescuer CPR

\_\_\_ Foreign Body Airway Obstruction- Adult

\_\_\_ Child CPR

\_\_\_ Foreign Body Airway Obstruction- Child

\_\_\_ Infant CPR

\_\_\_ Foreign Body Airway Obstruction- Infant

\_\_\_ Use of Bag-Valve-Mask

\_\_\_ Use of AED

Written evaluation score \_\_\_\_\_ HCP Exam

3. \_\_\_\_ I have had my teaching monitored by a BLS TC Faculty or Regional Faculty 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 BLS Instructor Manuals.

5. \_\_\_\_ I have enclosed appropriate fees: \$13.25 for my new BLS Instructor card.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### BLS Instructor Evaluation Form

This form must be completed by a BLS TC Faculty or Regional Faculty before submitting your form.

Name \_\_\_\_\_ Course Date \_\_\_\_\_

Type of course monitored \_\_\_ HCP \_\_\_ HSCPR \_\_\_ HSAED  
 \_\_\_ CPR for Family and Friends

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

TCF / RF signature: \_\_\_\_\_

Instructor signature: \_\_\_\_\_