

CARLSON CONSULTING GROUP

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BLS 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 AHA courses over the last two years. Courses I have taught 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: _____

CPR Critical Skills Check-off done by: _____
(please include skills check off sheet) BLS TC Faculty BLS RF Faculty

Written evaluation score _____ HCP Exam B

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 2011 BLS Instructor Manuals.

5. ____ I have enclosed appropriate fees: \$13.55 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 ___ HSCPRAED ___ HSFA ___ HSFACPRAED
 ___ CPR for Family and Friends

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 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: _____