

# CARLSON CONSULTING GROUP

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## BLS / ACLS Instructor TC Agreement

Instructor Name \_\_\_\_\_  
AHA Instructor # \_\_\_\_\_  
Credentials \_\_\_\_\_  
Preferred Mailing Address \_\_\_\_\_  
Mailstop \_\_\_\_\_ (if appropriate)  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ FAX \_\_\_\_\_

### E-mail address:

*(Required, if possible, for TC communication purposes only)*

***Please complete all applicable sections and attach copies of current cards.***

### **BLS Instructors**

Indicate the expiration date of current AHA-WA instructor card \_\_\_\_\_  
BLS TC Faculty? \_\_\_\_\_  
Are you interested in teaching BLS courses outside of your institution? \_\_\_\_\_  
If yes, may we share your name and phone number with organizations seeking additional faculty? \_\_\_\_\_  
What hourly wage would you desire for this outside teaching? \_\_\_\_\_

### **ACLS Instructors**

Indicate the expiration date of current AHA-WA provider card \_\_\_\_\_  
Indicate the expiration date of current AHA-WA instructor card \_\_\_\_\_  
ACLS Regional (Affiliate) Faculty? \_\_\_\_\_  
Indicate the expiration date of current AHA-WA AF card \_\_\_\_\_  
Are you interested in teaching ACLS courses outside of your institution? \_\_\_\_\_  
If yes, may we share your name and phone number with organizations seeking additional faculty? \_\_\_\_\_  
What hourly wage would you desire for this outside teaching? \_\_\_\_\_  
Which of the ACLS scenarios do you prefer to teach? Please list:

***Please sign the back side of this form before returning it to our office.***

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For office use only (Instructor card expiration dates checked and entered into database)  
BLS Instructor: \_\_\_\_\_ BLS TC Faculty: \_\_\_\_\_ BLS Regional Faculty: \_\_\_\_\_  
ACLS Instructor: \_\_\_\_\_ ACLS TC Faculty: \_\_\_\_\_ ACLS Regional Faculty: \_\_\_\_\_  
Transfer Paperwork Sent (if applicable) \_\_\_\_\_ Transfer Paperwork Received (if applicable) \_\_\_\_\_

As an American Heart Association-designated Training Center (TC),  
*The Carlson Consulting Group*  
supports the AHA's mission through the establishment of an Emergency  
Cardiovascular Care network within the state of Washington.

Our Training Center:

- facilitates basic (BLS) and advanced (ACLS) cardiac life support training
- maintains course records
- issues course completion / participation cards
- provides BLS / ACLS Instructor training
- maintains instructor records
- updates / educates instructors regarding changes in AHA science via newsletters and update courses
- creates and maintains a database of BLS / ACLS instructors which can be made available to organizations requiring instructors
- stocks and sells AHA materials (i.e. textbooks, teaching resources, etc.)
- works with regional faculty to provide quality oversight for instructors / courses in our network
- ensures appropriate equipment utilization and maintenance
- assists instructors in obtaining needed course equipment
- facilitates dialogue between students and instructors as needed

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In agreeing that *The Carlson Consulting Group* as will serve as my primary TC, I understand and agree with the following:

1. I may teach courses for *The Carlson Consulting Group* as an independent sub-contractor (i.e. I am responsible for my own liability insurance and taxes). I am not an employee of *The Carlson Consulting Group*.
2. I agree to teach at least four courses in my discipline (BLS / ACLS) over a period of two years, using current AHA curriculum, materials, exams, student evaluations, and AHA course participation and completion cards.
3. For every course I am involved in teaching, I must assure that a completed course record and participant list is sent to *The Carlson Consulting Group* so that accurate records of my teaching and course participants can be maintained.
4. I must obtain course participation and completion cards from an AHA-designated TC. I may purchase these cards and other training materials such as books, masks from *The Carlson Consulting Group*.
5. I agree to participate in quality assurance activities throughout my AHA Instructor tenure. These activities will include having my teaching monitored and participation in Instructor update courses.
6. If I am a BLS Instructor, I will attempt to make myself available annually for free community BLS training.

I have read and understand my responsibilities as an AHA Instructor registered with *The Carlson Consulting Group* as my primary TC. I further understand that this agreement may be revoked at any time if I fail to adhere to the above and / or demonstrate disregard for AHA policies, procedures, or standards as outlined in my Instructor manual(s).

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date