

CARLSON CONSULTING GROUP

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BLS / ACLS Instructor TC Agreement

Instructor Name _____
Credentials _____
Preferred Mailing Address _____
Mailing Address _____
Mailstop _____ (if appropriate)
City, State _____
Zip + 4 _____
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.

For office use only (Instructor card expiration dates checked and entered into database)

BLS Instructor: _____ BLS TC Faculty: _____

ACLS Instructor: _____ ACLS TC Faculty _____ ACLS Regional (Affiliate) Faculty: _____

**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 CERP for nursing; assists in obtaining CE credit for other disciplines
- provides BLS Instructor training (ACLS Instructor training in the future)
- 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, slides, educational pamphlets, 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 CTC. I may purchase these cards and other training materials such as books, slides, and pamphlets 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

4/08 JRS