



Silver Cross Hospital

American Heart Training Center

Instructor Demographic Information

Name on Instructor Card:

AHA Instructor ID #:

Cell Phone #:

Email:

AHA Affiliated Business Name (*if applicable*):

Disciplines (*Please list expiration dates for each of your instructor certifications*):

BLS Instructor Card Expiration Date:

Heartsaver Instructor Card Exp Date:

ACLS Instructor Card Expiration Date:

PALS Instructor Card Expiration Date:

*Please note that BLS Instructors may teach Heartsaver without a separate Heartsaver Instructor card.

Instructor Commitment:

By submitting this form to the Silver Cross Training Center, you agree to the following:

- As an American Heart Association Instructor affiliated with the Silver Cross Hospital Training Center (SCHTC), I agree to teach a minimum of four (4) courses every two (2) years in each of my certified disciplines.
- I agree to adhere to the instructor renewal process as defined by the AHA and to follow all Silver Cross Hospital Training Center policies and procedures.
- I agree to support the Chain of Survival and Mission of the AHA in my community.

Print this form and submit to Julie O'Rourke, SCH TC Coordinator via email: jorourke@silvercross.org