

# Silver Cross Hospital

## American Heart Association Training Center

I, \_\_\_\_\_ request to become affiliated with the Silver Cross Hospital American Heart Association (AHA) Training Center (TC) as a recognized American Heart Association Instructor.

I wish to have affiliation as an Instructor for the following AHA disciplines:

(Circle those applicable)    Heartsaver        BLS        ACLS        PALS        PEARS

I agree to be responsible for the safe use of equipment, the accuracy of the information taught, and the adherence to all AHA and Silver Cross TC policies and procedures.

I have read and agree to adhere to the Program Administration Manual (PAM). I agree to sign and submit the required AHA Affiliation Paperwork along with this Affiliation Agreement

I agree to be responsible for monitoring my Instructor Status Requirements as set forth by the AHA and ensure that I am monitored at a Provider Course prior to my expiration date in each of my affiliated disciplines.

I agree to strengthen and support the Chain of Survival and the Mission of the AHA in my Community

As an Affiliated Instructor I agree to submit the following:

- Copy of your current CPR Card and any current AHA Instructor Cards
- Copy of the AHA Instructor Essentials Certificate for each discipline taught
- AHA Instructor Transfer Paperwork (if coming from another Training Center)
- Completed Instructor Demographic Form and Historical Data Form
- Affiliation Fee of \$30 payable to Silver Cross Hospital (first year)
- Affiliation Fee of \$25 payable to Silver Cross Hospital (every 2 years AFTER year 1).  
This fee will coincide with your Recertification Course

This Agreement can be terminated by either party with 30 days written notification.

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Signature of Instructor / Date

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Signature of TC Coordinator / Date

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Instructor Name (printed)

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TC Coordinator Name (Printed)

Please remit all information required for Affiliation to:

Julie O'Rourke TC Coordinator

Silver Cross Hospital, EMS Department Room1458

1900 Silver Cross Hospital Blvd.

New Lenox Il, 60451

[jorourke@silvercross.org](mailto:jorourke@silvercross.org)