Community Health Services
Lifespan Community Training Center

Instructor Profile/Agreement for Lifespan CTC Instructors

Instructor Requirements

Instructor will:

1. Adhere to written policies and procedures established by the Community Training Center (CTC)
2. Provide current AHA provider course completion card
3. Teach in accordance with the scientific and program guidelines of the AHA
4. Commit to teach at least two courses per year
5. Volunteer to teach at least one community program annually and support Chain of Survival activities
6. Provide to students the AHA Fee Disclaimer form for all classes for which the student pays a registration fee

Instructor may purchase all Advanced Cardiac Life Support, Basic Life Support and Pediatric Advanced Life Support textbooks and instructor manuals through the Community Training Center or they may be purchase directly from authorized AHA suppliers. Invoices for all materials are due and payable upon receipt or a chargeable cost center number must be provided for materials ordered by Lifespan instructors.

Instructor must obtain from the CTC Student Evaluations (Student Exams), answer keys, answer sheets, course completion cards, Course Rosters, Student Comment Forms, and Program Evaluation Forms.

The Lifespan CTC will:

1. Have previously stated materials available at all times
2. Support the training network by:
    - Issuing course completion cards within 30 days from receipt of roster
    - Maintaining all records as required by the AHA
    - Submitting required reports to the AHA
3. Will accept non-employee instructors and/or training sites in its training network to implement the program throughout the community, unless prohibited by law
4. Within 30 days of receipt from the AHA, will provide copies of all appropriately designated memos, policies and procedures, and information regarding availability of new and revised training materials

Fee Schedule

Instructors employed by Lifespan and teaching Lifespan employees will be charged for training materials (textbooks and completion cards) at cost. Non-Lifespan instructors and Lifespan employees teaching classes outside Lifespan and to non-Lifespan employees will be charged for materials as follows:

Textbooks:	BLS: Cost plus $1.00/Book
	ACLS: Cost plus $2.00/Book
	PALS: Cost plus $2.00/Book
Course Participation Cards:	
CPR for Family and Friends	Included in Course Booklet
Course Completion Cards:	
Heartsaver CPR	$ 5.00/Card
BLS Healthcare Provider	$ 5.00/Card
Heartsaver AED	$ 5.00/Card
Heartsaver FACTS	$ 5.00/Card
ACLS and PALS	$10.00/Card
Duplicate BLS Cards	$ 5.00/Card
Duplicate ACLS Cards	$10.00/Card

Invoices for non-Lifespan employees will be issued with the course completion cards and are due and payable upon receipt. Expense transfers will be made for cards issued to Lifespan instructors for Lifespan employees. A department charge number shall be provided for this purpose.

Fees are reviewed and subject to change on an annual basis,

Instructor Recognition Period

Recognition as a current AHA instructor is for two years.

Instructor Status Revocation

I understand that the AHA may revoke instructor status for disregard of AHA policies, procedures, or standards, or failure of an instructor to perform stated job responsibilities as documented. The CTC has the ability to revoke the instructor's ability to teach at/for the Lifespan CTC.

Personal Information

Name _____

Title _____

Level of Education (e.g., MD, RN, EMT-P, EMT-C, etc.)_____

Mailing Address:

Street_____

City_____

State_____

Zip_____

Phone Number:

Home_____

Business_____

Date of Initial Recognition _____

Date of Last Renewal _____

Lifespan will be my ___ primary affiliation

___secondary affiliation

Instructor Level (Choose all that Apply):

__Instructor – Basic Life Support (BLS)
__Instructor – Advanced Cardiac Life Support (ACLS)
__Instructor – ACLS Experienced Provider
__Instructor – Pediatric Advanced Life Support (PALS)
__Instructor Trainer – Basic Life Support (BLS)
__Instructor – BLS Heartsaver AED
__Instructor – BLS FACTS

__Regional Faculty – BLS
__Regional Faculty – ACLS
__Regional Faculty - PALS
__Other (Explain)
_____

I have read, understand, and agree to comply with the terms of this agreement.

Signature _____

Date_____

PLEASE NOTE: COPIES OF CURRENT CARDS ARE TO BE SUBMITTED TO THE LIFESPAN COMMUNITY TRAINING CENTER ALONG WITH AGREEMENT.

Submit completed form with copy of provider and instructor cards to:

Lifespan Community Training Center
164 Summit Avenue
Providence, RI 02906