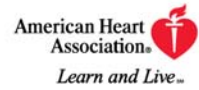




American Heart Association New Instructor Alignment

Authorized Provider
of CPR and ECC Courses



The National EMS Academy has agreed to accept the below Instructor.

BLS

ACLS

PALS

After he/she has successfully completed the Instructor Course, please forward all appropriate paperwork to the address listed at the bottom of this form, attention Heidi Luquette.

INSTRUCTOR:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Company: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Pager: _____ Fax: _____

NOTE: Instructor Potential Candidate- This Form must be completed prior to attendance in an Instructor class. This form will be returned to you to present to the Instructor Course Director

Training Center Coordinator _____

Signature

Date