

American Heart Association Emergency Cardiovascular Care Programs Instructor Records Transfer Request

1. When a TC agrees to accept an instructor, the TC Coordinator signs and sends this form to the instructor.

Our TC is willing to accept _____ as an instructor at our facility. We agree to keep and maintain all instructor records in accordance with the TC Agreement.

Signature of TC Coordinator: _____ Date: _____

TC ID#: _____

TC address: _____

Phone: _____ Fax: _____

2. The instructor completes the following information and sends it to the TC that is currently holding his or her instructor records.

I, _____, Instructor ID# _____, authorize the transfer of my instructor records from _____ TC to _____ TC.

Instructor's home address: _____

Home phone: _____ Work phone: _____

Check discipline(s) for which you are requesting a records transfer:

☐ HS ☐ BLS ☐ ACLS ☐ ACLS EP ☐ PALS ☐ PEARS

3. After verifying and completing this form, the instructor's current TC transfers the instructor's records to the new TC. All applicable instructor records (as outlined in the *Program Administration Manual*) must be transferred.

The transferring TC must keep copies of all transferred records for **3 years**.

4. The new TC contacts the instructor when the transfer is complete.

5. The TC Coordinator from the current TC signs and dates this form when the records have been transferred.

Signature of TC Coordinator: _____ Date: _____

TC ID#: _____

TC address: _____

Phone: _____ Fax: _____