

## American Heart Association Emergency Cardiovascular Care Program Instructor/IT Teaching Activity Notice to Primary TC

### Instructions:

When an Instructor/IT teaches a course a TC other than primary TC, this form is to be completed and to the Instructor/IT's primary TC. A letter with the same information or a copy of the course roster (without scores) may also meet this requirement.

### Primary TC Information

Name of TC Coordinator \_\_\_\_\_

TC Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Instructor/IT \_\_\_\_\_

Discipline:  BLS     ACLS     PALS

Instructor/IT Card Expiration Date: \_\_\_\_\_

### Course Information

**This is to confirm that the named Instructor/IT has taught the course:**

TC Sponsoring Course: \_\_\_\_\_

Site (if applicable): \_\_\_\_\_

Date of Course: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Course taught: \_\_\_\_\_

Modules/Stations Taught by Instructor/IT: \_\_\_\_\_

Name of Course Director/Lead Instructor: \_\_\_\_\_

Signature of Course Director/Lead Instructor: \_\_\_\_\_ Date: \_\_\_\_\_