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

Instructions:
When an Instructor/TCF member teaches a course at a TC other than his/her primary TC, this form is to be completed and sent to the Instructor/TCF member’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: _________________________________

Email: __________________________________________________________

Name of Instructor/TCF member: __________________________________

Discipline:  □ HS   □ BLS   □ ACLS   □ PALS

Instructor card expiration date: _________________________________

Course Information

This confirms that the above-named Instructor/TCF member has taught the following course:

TC sponsoring course: ____________________________________________

Training Site (if applicable): ______________________________________

Date of course: ________________ Location: _________________________

Type of course taught: __________________________________________

Modules/stations taught: _________________________________________

Name of Course Director/Lead Instructor: __________________________

Signature of Course Director/Lead Instructor: ________________________ Date: __________

Instructor/TCF Teaching Activity Notice, revised April 2004