

**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: _____

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