



**Silver Cross Hospital AHA Training Center
Instructor Demographic Form**

Name on Instructor Card:

AHA Instructor ID #:

Cell Phone #:

Email (used for Atlas):

AHA Affiliated Business Name (*if applicable*):

Any EMS/Fire Department Affiliation:

Any Secondary TC/TS Alignments:

Disciplines (please list expiration dates for each of your instructor certifications)

Heartsaver Instructor Card Exp Date:

BLS Provider Instructor Card Exp Date:

ACLS Instructor Card Exp Date:

PALS Instructor Card Exp Dare:

*Please note the BLS Provider Instructors may teach Heartsaver courses without a separate Heartsaver Instructor card.

Please remit to: Anthony Monfre, TC Coordinator
Silver Cross Hospital EMS Room 1458
1900 Silver Cross Blvd
New Lenox IL 60451
or by email: amonfre@silvercross.org