Silver Cross Emergency Medical Services System

# Silver Cross Hospital AHA Training Center

## Instructor/Training Faculty Alignment Agreement

I, _____ (print full name) request to become affiliated with the Silver Cross Hospital American Heart Association (AHA) Training Center (TC) as a recognized American Heart Association Instructor. I wish to have affiliation as an instructor in the following disciplines:

(Circle those applicable): Heartsaver BLS ACLS PALS PEARS

I agree to be responsible for the safe use of equipment, the accuracy of the information taught, and the adherence to all AHA and Silver Cross TC policies and procedure. I have read and agree to adhere to the Program Administration Manual (PAM) provided by the AHA. I agree to sign and submit the required AHA affiliation paperwork along with this agreement. I agree to be responsible for monitoring my Instructor Status Requirements as set forth by the AHA and ensure that an approved TF monitors me at a Provider Course prior to my expiration date in each of my affiliated disciplines. I agree to strengthen and support the Chain of Survival and the Mission of the AHA in my community.

As a Training Faculty (TF) member, I agree to uphold the AHA and SCH TC Quality Assurance Policies. I agree participate in the monitoring of provider courses held by other affiliated instructors. I agree to my role in the conflict resolution chain and conduct myself in accordance with the ECC Leadership Code of Conduct.

As an Affiliated Instructor, I agree to submit the following:

- Copy of BLS Provider card and any relevant discipline instructor cards
- Copy of Essentials Certificates, if new instructor
- Copy of any Course Update certificates, if any since last renewal
- Completed Instructor Demographic Form
- Submit initial affiliation fee of $30, current SCH employees exempt Link Instructor Fee Portal
- Submit affiliation fee of $30 for all instructor renewal (every 2 years) Instructor Fee Portal

This Agreement can be terminated by either party with 30 days written notification

_____ _____

Signature of Instructor/TF Date Signature of TC Coordinator Date

_____ _____

Instructor/TF Name (printed) TC Coordinator (printed)

Please remit all information required for affiliation to:
Anthony Monfre, TC Coordinator
Silver Cross Hospital, EMS Room 1458
1900 Silver Cross Blvd.
New Lenox, IL 60451
(815) 300-7590
amonfre@silvercross.org