



American Heart Association Emergency Cardiovascular Care Programs Instructor Records Transfer Request

1. **When a TC agrees to accept an instructor, the TC Coordinator signs and sends this form to the instructor.**

Our TC is willing to accept _____ as an instructor at our facility. We agree to keep and maintain all instructor records in accordance with the TC Agreement.

Signature of TC Coordinator: _____ Date: _____

TC ID#: _____

TC address: _____

Phone: _____ Fax: _____

2. **The instructor completes the following information and sends it to the TC that is currently holding his or her instructor records.**

I, _____, Instructor ID# _____, authorize the transfer of my instructor records from _____ TC to _____ TC.

Instructor's home address: _____

Home phone: _____ Work phone: _____

Check discipline(s) for which you are requesting a records transfer:

HS BLS ACLS PALS

3. **After verifying and completing this form, the instructor's current TC transfers the instructor's records to the new TC. All applicable instructor records (as outlined in the *Program Administration Manual*) must be transferred.**

The transferring TC must keep copies of all transferred records for **3 years**.

4. **The new TC contacts the instructor when the transfer is complete.**

5. **The TC Coordinator from the current TC signs and dates this form when the records have been transferred.**

Signature of TC Coordinator: _____ Date: _____

TC ID#: _____

TC address: _____

Phone: _____ Fax: _____