



Ambulance Service, Inc.

***Spearfish Emergency Ambulance Service, Inc.
AHA Training Center
Instructor Affiliation Agreement (2014)***

I, _____ (print your name) an American Heart Association (AHA)

- Basic Life Support Instructor
- Advanced Life Support Instructor
- Pediatric Advanced Life Support Instructor

please check all that apply

agree to affiliate with the Spearfish Emergency Ambulance Service, Inc. AHA Training Center (**TC**) for the purposes of teaching AHA approved courses. I understand and agree to each of the following conditions of this agreement.

I Will:

- Assure that each AHA course I participate in is taught following AHA guidelines including use of AHA course materials.
- Notify the TC within 2 weeks of changes in my mailing or electronic addresses.
- Allow a TC representative to monitor any course I coordinate for QI purposes and AHA guideline compliance.
- Submit the following to the TC at least 4 weeks prior to the course for each AHA course I coordinate:
 1. Course outline
 2. Faculty
 3. Date and Location of the course
 4. Expected number of student
- Submit copies of the student roster and course evaluations to the TC within 2 weeks following each AHA course I coordinate.

The TC Will:

- Issue cards for all AHA BLS, ACLS, PALS and associated courses (ex: PEARS & ACLS-EP).
- Provide each affiliated instructor with the names, addresses and phone numbers of distributors of AHA books and materials.
- Review course outlines and evaluations, conduct periodic site reviews, and follow up on complaint calls for QI purposes.

Signature

Date

Spearfish Emergency Ambulance Service, Inc. • 715 E Colorado Blvd • Spearfish, SD 57783

(605) 642-8810 • FAX (605) 717-0193

E-Mail: seas@rushmore.com • Web Site: www.spearfishambulance.com

Name (Please print): _____ SS #: _____ - _____ - _____

Mailing Address (cards and requested AHA updates will be mailed to this address)

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Home Work Fax: _____

Mobile Phone: _____ (Optional) Other Phone: _____

Occupation: _____

Employer/Facility Name: _____ Phone: _____

Employer/Facility Address: _____

e-mail address (*required*) Home Work : _____

AHA Updates: (Please check one)

- I have access to the Internet and would like to receive AHA updates via e-mail.
- Please mail AHA updates to me. I am enclosing a check for \$ 20.00, payable to Spearfish Ambulance Service, as an annual fee for this service.

Current Certification Level: (BLS & ALS) _____

Card Expiration Date(s): BLS Instructor _____ First-Aid Instructor _____

ACLS Instructor _____ PALS Instructor _____

(circle all that apply)
Regional Faculty: BLS ACLS PALS Exp Date: _____

ALL personal information is protected and will NOT be sold or distributed to anyone outside of Spearfish Emergency Ambulance Service, Inc. for any reason except for required AHA Administrative requirements.

Please return the completed agreement to the Spearfish Emergency Ambulance Service AHA Training Center.

Please enclose a copy of your current Instructor card(s)
(required only for new TC members, waived for current TC members)

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