



## 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     ACLS EP     PALS     PEARS

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: \_\_\_\_\_