Shaun Fix

EMC
Emergency Medical Consultants

The Premier Provider Of Quality Medical Training Programs
Nationally Accredited and OSHA Programs
Medical CE Provider
Since 1988

ACLS Instructor Course

- For professionals who already have a strong knowledge of the subject(s)
- Designed to **prepare you to teach** the course, **not** to train you in the info
- Students will teach pre-assigned and "off the cuff" topics during the course

Requirements

(must be submitted at least 14 days prior to course)

- Current ACLS Provider card
- Recommendation from ACLS course director showing a score of 90% on the written exam
- Proof of alignment with an AHA Training Center and AHA instructor candidate application
- Online Instructor Essentials Course ($41.20, 1.25 Hours) – Complete at https://shopcpr.heart.org/acls-intstuctor-essentials-online ACLS pre-course self-assessment and precourse work. *To access this please go to www.elearning.heart.org to create an account or login to an existing account. Once logged in, click: www.elearning.heart.org/course/424/ PLEASE NOTE: You must score at least 90%.)*

- Must have 2015 ACLS Experienced Provider manual **($95)**
- Must have 2020 ACLS Instructor manual **($72)**
- Must have 2020 ACLS Provider manual **($57)**

All textbooks are mandatory. These can be acquired on your own or through our office.

$125.00 Per Participant
(must have textbooks on list above)

April 18th 2026 | 8:30AM | EMC (PSL)
To Register Call 772-878-3085

You must pay and fulfill all requirements before the course!

(772) 878-3085 * Fax: (772) 878-7909 * Email: info@medicaltraining.cc
597 SE Port Saint Lucie Blvd * Port Saint Lucie, Florida 34984
Visit Our Website… MedicalTraining.cc

American Heart Association
Learn and Live

American Heart Association Emergency Cardiovascular Care Program

Instructor Candidate Application

Instructions: To be completed by Instructor candidate with appropriate signatures. Please complete one application for *each* discipline.

Name (with credentials):_____

Mailing address:_____

_____

Phone:_____ Fax: _____

Email:_____

Type of Instructor Course: ☐ Heartsaver ☐ BLS ☐ ACLS ☐ PALS

Recommended renewal date of Provider card in discipline in which candidate is seeking Instructor status: _____

Instructor Commitment: As an AHA Instructor, I agree to teach at least four courses in two years in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

_____

Signature of Instructor Candidate Date

TC Alignment: I approve this application and grant alignment with this Training Center for this applicant. I agree to all responsibilities for this Instructor as outlined in this manual.

Name of Training Center: _____

Signature of TC Coordinator: _____ Date: _____

Verification of Instructor Potential: I verify that this Instructor candidate has achieved a score of 84% or higher on the Provider written examination in the discipline for which he/she is applying and has completed at least *one* of the following options:

☐ Has been identified as having Instructor potential during performance in a Provider Course
☐ Has demonstrated Instructor potential during a screening evaluation
☐ Has demonstrated exemplary performance of Provider skills under my direct observation

_____

Signature of TCF/Course Director/Lead Instructor (circle appropriate title) Date