Now Training and Hiring-

Must be able to teach PT weekdays in St. Lucie

MUST HAVE MEDICAL LISC- I.E.: LPN, RN, EMT, MEDIC, MA, RRT

BLS/ CPR Instructor Course $125.00 + books

Emergency Medical Consultants is looking for driven individuals who are ready to take their CPR skills to the next level.

Take our CPR Instructor Course and learn how to teach others!

- For professional 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 preassigned and "off the cuff" topics during the course

Requirements – Must be submitted at least 10 business days prior to course!

1. Current BLS healthcare provider card & recommendation from course director showing a score of at least 90%.
2. Must email a current resume and copies of the front and back of provider card for approval before doing below:
3. Must complete BLS Instructor Essentials Online Course ($40 to the AHA). Please visit https://www.elearning.heart.org/course/801 to register.
4. Instructor App and AHA Training Center Alignment Form. We supply the form (you must have a training center who will allow you to teach with them – We do not guarantee we will hire any participants)
5. BLS Instructor Pre-Test & Skills Review Questions. We will provide these to complete, then fax or email back.

(Must have texts: Provider - $26, Instructor - $57 & Complete AHA Instructor Essentials Online Course $40)

Call to Register 772-878-3085

You must pay and fulfill all requirements before the course

Emergency Medical Consultants, Inc.
Call: 772.878.3085 Toll Free: 1.866.4.EMC.INC Fax: 772.878.7909
Email: FromEMCoffice@gmail.com 597 SE Port St Lucie Blvd. Port St Lucie, FL 34984
Visit Our Website at MedicalTraining.cc

American Heart Association.

American Heart Association Emergency Cardiovascular Care Programs

Instructor Candidate Application

Instructions: *To be completed by the Instructor candidate with appropriate signatures. Complete 1 application for each discipline.*

Application for Instructor Status: Select the discipline you are applying for (select only 1):

☐ Heartsaver® ☐ BLS ☐ ACLS ☐ ACLS EP ☐ PALS ☐ PEARS®

☐ ASLS

Renewal date of provider card: _____

Candidate's name: _____

Mailing address: _____

City: _____ State: _____ Zip code:_____

Phone: _____ Email: _____

Instructor Commitment: As an AHA Instructor, I agree to

- ☐ Teach at least 4 courses in 2 years in accordance with the guidelines of the AHA
- ☐ Maintain a current provider card
- ☐ Strengthen and support the Chain of Survival and the mission of the AHA in my community
- ☐ Conduct myself in accordance with the ECC Leadership Code of Conduct
- ☐ Avoid any perception of conflict of interest in accordance with the AHA Statement of Conflict of Interest

Signature of Instructor candidate: _____ 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 or she is applying and has completed *at least 1* 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 Training Center (TC) Faculty/Course Director: _____(circle appropriate title)

Date: _____

American Heart Association Emergency Cardiovascular Care Programs

Instructor Candidate Application

TC Alignment and Atlas Verification: TC Coordinator of aligning TC has verified the following:

- ☐ I approve this application and grant alignment with this TC for this applicant. I agree to all responsibilities for this Instructor as outlined in the current *Program Administration Manual*.
- ☐ I verify that this Instructor is registered in Atlas and has been approved as an Instructor in this discipline and is aligned with this TC.

Instructor ID #: _____ Renewal Date: _____

TC Name: _____ TC ID #: _____

Signature of TC Coordinator: _____ Date: _____