

Shaun Fix

**EMC**

Emergency Medical Consultants

*The Premier Provider Of Quality Medical Training Programs*

Nationally Accredited and OSHA Programs

Medical CE Provider

Since 1988

## **PALS 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 PALS Provider card
- Recommendation from course director showing a score of 90% on the written exam
- Proof of alignment with an AHA Training Center and AHA instructor candidate application
- PALS pre-course self-assessment and pre-course (Quizzes & Videos) –Create an account or login to an existing account at [www.elearning.heart.org](http://www.elearning.heart.org) then click PLEASE NOTE, [elearning.heart.org/course/1538](http://elearning.heart.org/course/1538) you must score a 90% or above)
- Online Instructor Essentials Course (\$42.65, 1.25 Hours) – Complete at <https://shopcpr.heart.org/pals-instructor-essentials-online>

### **Required Textbooks**

**\$66 - 2020 PALS Provider Manual**

**\$74 - 2020 PALS Instructor Manual**



**| MAY 23rd, 2026 |**

**Port St. Lucie, FL**

**8:30am – 2:30pm**

**\$125.00 Per Person**

**772-878-3085**

All textbooks are mandatory. These can be purchased through our office.

**To register, you must pay and fulfill ALL requirements before the course.**

(772) 878-3085 \* Fax: (772) 878-7909 \* Email: [info@medicaltraining.cc](mailto:info@medicaltraining.cc)

597 SE Port Saint Lucie Blvd \* Port Saint Lucie, Florida 34984

*Visit Our Website... [MedicalTraining.cc](http://MedicalTraining.cc)*

**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:  Heart saver     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