



American Heart Association Emergency Cardiovascular Care Programs

## Instructor Records Transfer Request

*Instructions: When an Instructor wants to transfer to a different Training Center (TC), this form must be completed by the Instructor, the transferring TC Coordinator (TCC) and the accepting TCC. The transferring TCC returns the completed form with the Instructor's records to the accepting TCC. The accepting TCC contacts the Instructor when the transfer is complete.*

**SECTION 1:**

To be completed by the Instructor who is transferring and *sent or given to the transferring TCC.*

I, \_\_\_\_\_, Instructor ID# \_\_\_\_\_, authorize the transfer of my Instructor records for:

- Heartsaver     BLS     ACLS     ACLS EP  
 PALS     PEARS®     ASLS

from TC name: \_\_\_\_\_ TC ID#: \_\_\_\_\_

to TC name: \_\_\_\_\_ TC ID#: \_\_\_\_\_

Instructor's home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**SECTION 2:** To be completed by the TCC of the accepting TC and *sent to the transferring TCC or given to the transferring Instructor.*

Our TC is willing to accept the Instructor named below as an Instructor at our TC.

Instructor's name: \_\_\_\_\_ Instructor ID#: \_\_\_\_\_

We agree to keep and maintain all Instructor records in accordance with our TC Agreement with the AHA and the *Program Administration Manual.*

TC name: \_\_\_\_\_ TC ID#: \_\_\_\_\_

TC address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of TCC: \_\_\_\_\_ Date: \_\_\_\_\_



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## Instructor Records Transfer Request (continued)

SECTION 3:

To be completed by the current TCC and sent with the records being transferred.

*Note: All applicable Instructor records, as outlined in the Program Administration Manual, will be transferred. The transferring TC must keep copies of all transferred records for 3 years.*

TC name: \_\_\_\_\_ TC ID#: \_\_\_\_\_

TC address: \_\_\_\_\_

TC address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of TCC: \_\_\_\_\_ Date: \_\_\_\_\_