

**American Heart Association Emergency Cardiovascular Care Program
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 address: 7800 Shoal Creek Blvd, Ste 124-S, Austin, TX 78757

Phone: 512-544-0103 Fax: 512-544-0130

- 2. The Instructor completes the following information and sends it to the TC currently holding his/her Instructor records.**

I, _____, 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:

BLS Heartsaver Instructor ACLS PALS

- 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 Chapter 5 of this manual must be transferred.**

The transferring TC must keep copies of all transferred records for 30 days.

- 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 Address: _____

Phone: _____ Fax: _____