

**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: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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: \_\_\_\_\_