



College of Medical Training & MTCI

9100 Bridgeport Way SW
Lakewood, WA 98499-2418

(253) 566-8282 or 1-88-TRAINING

contact@collegeofmedicaltraining.com or www.collegeofmedicaltraining.com

BLS Instructor Renewal Form 2009

Reminder, there is no longer a grace period, so if you wish to renew, all requirements must be completed before your instructor status expires.

Date of course		Course location	
Course Director			

Name			
Address			
City, State, Zip			
Phone		email	

Please fill in all of the appropriate blanks. New cards will not be issued if any information is missing.

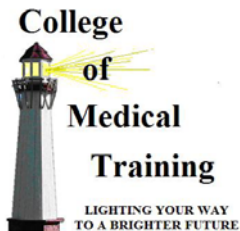
1.		I have taught at least four AHA courses over the last two years. Courses I have taught are listed below. (Must list at least four)
2.		I have had my healthcare provider skills validated in the preceding two years of renewing my BLS instructor status.

- Adult One and Two Rescuer CPR
- Foreign Body Airway Obstruction- Adult
- Child CPR
- Foreign Body Airway Obstruction- Child
- Infant CPR
- Foreign Body Airway Obstruction- Infant
- Use of Bag-Valve-Mask
- Use of AED

Written evaluation score HCP Exam (*taken at time of renewal*)

3.		I have had my teaching monitored by a BLS Instructor Trainer/TC Faculty or Regional Faculty sometime in the past two years. Their evaluation of my teaching is documented on the reverse side of this form.
4.		I have access to the 2006 BLS Instructor Manuals.
5.		I have enclosed appropriate fees: \$ 13.00 for my new BLS Instructor card.

Signature _____ Date _____



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BLS Instructor Renewal Evaluation Form

This form must be completed by a BLS TC Faculty or Regional Faculty before submitting your form.

Name _____ Course Date _____

Type of course monitored

HCP HSCPR HSAED CPR for Family and Friends

Instructor Mini Topic HSAED CPR for Family and Friends

Stations Monitored:

1.	
2.	
3.	

Presentation Evaluation

	Satisfactory	Excellent	Needs improvement
Defined objectives			
Demonstrated knowledge of subject			
Teaching qualities • Preparedness • Enthusiasm			
Organization • Logical • Recapped important points • Used time effectively			
Adhered to AHA guidelines			
Evaluation and critique • Provided students with constructive comments • Identified students needing remediation			
Able to answer questions			
Equipment Use • Had appropriate equipment available • Used equipment effectively • Discussed safe use of equipment, as needed			

Comments and overall impression of instructor:

As a BLS TC Faculty or BLS Regional Faculty, I have reviewed this evaluation form with the instructor and made appropriate suggestions for improvement.

TCF / RF signature: _____

Instructor signature: _____