

# AMERICAN HEART ASSOCIATION NEW INSTRUCTOR CARD REQUEST

COURSE TYPE (circle one):    BLS            ACLS            PALS  
CARD TYPE (circle one):        INSTRUCTOR            TC FACULTY

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Date monitored by TC Faculty or Regional Faculty: \_\_\_\_\_  
(Include copy of monitoring form)

Date & Total Hours of Instructor Course.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Date Provider Card Issued: \_\_\_\_\_ (Include copy of current Provider card)

Mail card to above address     I will pick up my card

Enclose a check or money order made payable to Tulane University in the amount of \$11.00 per card requested.

*I certify the above information is correct and I wish to retain Instructor status.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TC Packet Issued: \_\_\_\_\_ Signed TLS Contract: \_\_\_\_\_