

AMERICAN HEART ASSOCIATION RENEWAL 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: _____

Dates of at least 4 courses within the last two years (2/year).

_____	_____	_____	_____
Month/Year	Month/Year	Month/Year	Month/Year

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

Instructor Card Expiration: _____ Attended all necessary AHA updates: _____ (initial)

You must include a copy of your current provider card along with this form.

Provider Card Expiration:

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 Instructor card requested.

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

Signature _____
Date