Tulane Center for
Advanced Medical Simulation
& Team Training

AMERICAN HEART ASSOCIATION RENEWAL

Authorized Provider of CPR and ECC Courses

American Heart Association®
Learn and Live℠

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 ***recent*** 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: _____

Enclose a **business check or money order** made payable to Tulane University in the amount of $12.00 per instructor card requested.

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

_____ _____
Signature Date

TULANE SIM CENTER :: TEL. 504-988-9150
MAIL: 1430 TULANE AVE 8040, NEW ORLEANS, LA 70112
PHYSICAL: 131 S. ROBERTSON ST., 3RD FLOOR, NEW ORLEANS, LA 70112
Information on AHA training at Tulane can be found at: http://ahatraining.tulane.edu