



# CPR PLUS

1013 Logan Ave. Cheyenne, WY 82001  
307-426-4007

## Instructor Agreement Form

This is an AGREEMENT between \_\_\_\_\_  
(AHA BLS Instructor PRINTED Name)  
and **CPR PLUS TRAINING CENTER**, a Training Center for the American Heart Association.

This agreement is valid from your AHA BLS Instructor card issue date: \_\_\_\_\_  
(issue date)  
through your AHA BLS Instructor Card expiration date: \_\_\_\_\_  
(expiration date)

As an AHA BLS Instructor, I will conduct a BLS program in accordance with the training and program standards of the American Heart Association and Wyoming ECC Committee as specified in the criteria outlined below.

### CRITERIA

- ⇒ Adherence to the most current American Heart Association Standards and Guidelines, which at this time require Instructors to teach a minimum of four courses in a two-year period. If renewal criteria are not satisfied within the card expiration period, the instructor must repeat the instructor certification process.
- ⇒ Maintain and preserve the course completion records (rosters, tests, etc.) for each course taught for a period of three years from the date of certification/recertification.
- ⇒ Issue appropriate course completion documents in compliance with the standards of the American Heart Association. Your paperwork will not be filed with CPR PLUS Training Center if cards are not issued. If proper documentation is not completed, the American Heart Association will not recognize the course and the class will not be considered as part of the teaching criteria for teaching certification of the instructor.
- ⇒ Incomplete or improperly completed paperwork and/or paperwork submitted beyond the 30-day deadline will result in the following: 1.) Verbal warning 2.) Written warning 3.) Consideration for termination of this agreement resulting in loss of privileges at the CPR PLUS Training Center as your Training Center.
- ⇒ Provide required books, equipment, and supplies to conduct courses in accordance with the American Heart Association Standards and Guidelines.
- ⇒ Maintain proper sanitary conditions on all equipment as specified by the American Heart Association Standards and Guidelines.
- ⇒ Due to the training involved, I will utilize the CPR PLUS Training Center as my only Training Center and failure to do so will automatically revoke my Instructor status.

**By signing below, I agree to abide by all CPR Plus Training Center and American Heart association Standards and Guidelines and I can be terminated if I am found not in compliance.**

_____ (Student Signature)	_____ (Date)	_____ (Phone Number)
_____ (Trainer Signature)	_____ (Date)	_____ (Phone Number)