



# The Colorado Cardiopulmonary Resuscitation Association

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## Instructor Agreement Form

This is an AGREEMENT between

\_\_\_\_\_ and the Colorado CPR Association.  
(Student Name Printed)

As an Instructor, I will conduct a BLS or Heartsaver program in accordance with the training and program standards of the American Heart Association and Colorado/Wyoming ECC Committee as specified in the criteria outlined below. By initialing, I am in agreement with and understand each criterion.

### 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 for each course taught for a period of three years from the date of certification/recertification. \_\_\_\_\_
- Issue appropriate course completion documentation in compliance with the standards of the American Heart Association. **Instructors will email eCards to each individual student's email address.** \_\_\_\_\_
- Incomplete or improperly completed paperwork and/or paperwork submitted beyond the 10 day deadline will result in the following: 1.) Verbal warning 2.) Written warning 3.) Board review for termination of this agreement resulting in loss of privileges at the Colorado CPR Association 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 Colorado CPR Association as my only Training Center for the next two years. Failure to do so will automatically revoke my instructor status. \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
(Student Signature)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Trainer Signature)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*This agreement expires the same day of Instructor certification. The Colorado CPR Association reserves the right to cancel this agreement at any time if the Instructor does not adhere to American Heart Association standards.*