



Alignment Form

Please Print

Date: _____

AHA Instructor #: _____

Name: _____

SS#: _____

Home Address:

Business Name & Address:

Telephone: _____

Telephone: _____

E-mail: _____

E-mail: _____

FAX Number: _____

FAX Number: _____

Level of Education:	Instructor Level:	Date of Initial Recognition:	Date of Last Renewal:
<input type="checkbox"/> MD/DO	<input type="checkbox"/> BLS	_____	_____
<input type="checkbox"/> RN	<input type="checkbox"/> Heartsaver	_____	_____
<input type="checkbox"/> EMT	<input type="checkbox"/> ACLS	_____	_____
<input type="checkbox"/> EMT-D	<input type="checkbox"/> PALS	_____	_____
<input type="checkbox"/> EMT-P	<input type="checkbox"/> PEARS	_____	_____
<input type="checkbox"/> LPN	<input type="checkbox"/> Regional Faculty	_____	_____
<input type="checkbox"/> RRT		_____	_____
<input type="checkbox"/> Other _____		_____	_____

May we give your name to individuals or companies seeking an instructor to help with a course? Yes No

(Continue on back side)

Return Completed Form to:
UnityPoint Health-Des Moines CTC
1200 Pleasant Street
Des Moines, IA 50309
(515) 241-6811 • (515) 241-5038 fax

UnityPoint Health-Des Moines Training Center's Instructors will:

1. Teach all ECC courses following current American Heart Association (AHA) guidelines as outlined in the AHA instructor manual and other approved AHA training guides.
2. Submit all course rosters, summary forms, tallied evaluations, and appropriate fees to the UnityPoint Health-Des Moines TC within two weeks of the course completion date.
3. Distribute course completion cards to all participants.
4. Participate in random or scheduled quality assurance checks of their ECC courses.
5. Submit an Instructor Credit Form if teaching for another Training Center.
6. Provide UnityPoint Health-Des Moines TC with a schedule of upcoming ECC courses by using the Basic Course Planning Form.

UnityPoint Health-Des Moines Training Center will:

1. Provide their instructors with access to policies and reproducible forms on the TC website.
2. Maintain a database of instructor and participants records.
3. Guarantee card distribution within 20 business days following receipt of appropriate documentation and fees.
4. Support their instructor's courses with numerous resources such as equipment, faculty, mentoring opportunities, and consultation. A reasonable fee will be charged for these resources.
5. Monitor quality of their instructor's courses through a comprehensive quality assurance program.
6. Update instructors with new AHA information through instructor courses and newsletters.
7. Terminate alignment with an instructor if no courses records have been submitted in a two year period.

Date: _____

I, _____, agree to abide by the policies of the UnityPoint Health-Des Moines TC.

I further agree to abide by the guidelines recommended by American Heart Association as outlined in the instructor manuals appropriate to the courses I teach.

I will provide written notice thirty days prior to termination of this alignment.

I understand that alignment with the UnityPoint Health-Des Moines TC does not imply nor represent affiliation as an employee, independent contractor, partner, licensee or franchisee of UnityPoint Health. Alignment represents a client-customer relationship, wherein the instructor is the customer.

Signature: _____

TC Approved Date: _____ TC Coordinator: _____