



# MINNESOTA STATE

## Multi-Regional Training Center

### PALS Instructor Check List

All boxes must be checked in order for your profile to be completed

- Check that all pages filled out completely, must have an email address
- Enter courses you taught in the [MRTC database](#) (4 Minimum)
- Pay for MRTC biennial membership [dues](#)
- Sign and date last page
- Email completed Profile Form to: [SO-MRTCIPF@minnstate.edu](mailto:SO-MRTCIPF@minnstate.edu)

### Instructors

Please note: the Minnesota State MRTC Instructor Profile Form should be used for any Instructor Certification classes. Section A of this form should be re-submitted whenever any personal information in Section A changes or you may access your information and change online yourself.

The completion of this form confirms that you have successfully completed your Instructor Course (initial or renewal) per the AHA standards.

Members of the Minnesota State MRTC, will receive an American Heart Association, Instructor card and a packet of materials from the MRTC regarding resources (website/database/online ordering, etc.).

If you are not currently a member but would like to join our Multi-Regional Training Center, please see the “Joining the MRTC” page in this form, or call 651-724-0796

**Any missing information will delay the process of updating your instructor status and may lead to suspension of account**



# MINNESOTA STATE

## **PALS Instructor Profile Form**

*Minnesota State – Multi-Regional Training Center*

30 7<sup>th</sup> St. E, Suite 350, Wells Fargo Place, St. Paul, MN 55101-7804

Office: 651-201-1795 Email IPFs to: [SO-MRTCIPF@minnstate.edu](mailto:SO-MRTCIPF@minnstate.edu)

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**Section A:** Instructor Profile Information-- This section is for information on instructors applying for membership or who are renewing their membership with the Minnesota State MRTC. **Please complete and return Section A any time this information changes or update on your database information page.**

Applicants' Name: \_\_\_\_\_ MRTC Member # \_\_\_\_\_

Home Address: \_\_\_\_\_ AHA ID # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Preferred E-mail \_\_\_\_\_

\*Must have an email address

Telephone Numbers: *Home* \_\_\_\_\_ *Work* \_\_\_\_\_

Employers' Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

Year you started teaching PALS: \_\_\_\_\_

Specialized Health Care Qualifications (R.N., L.P.N., EMT, etc.) \_\_\_\_\_

Last Date of last Renewal: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

**PALS Essentials Course completion date** (form attached if new Instructor): \_\_\_\_\_

# PALS Instructor/Experienced Instructor Documentation Record

## Section B

**INSTRUCTIONS:** Submit this entire form as documentation that the applicant has successfully completed the Instructor course. Instructors must retain copies of all provider documents (i.e. roster forms, test scores, skill checklists and evaluation forms) for a minimum of three years.

Course Director: \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Physician Instructor\*: \_\_\_\_\_ Date of Course: \_\_\_\_\_  
Print Name \_\_\_\_\_ Date of Course Monitoring: \_\_\_\_\_

\* If a physician was not in the classroom, then list name of physician available for consult during this course.

Requesting **AHA Instructor Card** for:  PALS Instructor  PALS Instructor Renewal  
 Training Center Faculty

**PALS Written Test Score:** \_\_\_\_\_

**Skills:**  Pass  Fail  Remediate  
Remediation Plan: \_\_\_\_\_

### Minimum Teaching Requirements:

**Note:** Re-Certifying Instructors must teach/assist in a minimum of four provider classes in two years. MRTC Faculty must teach/assist in four classes and at least one Instructor course.

**Instructors:** If entered on line  here:  then you do not need to list below.  
Otherwise please list minimum required dates taught (if not online):

Provider: 1) Date: _____	2) _____	3) _____	4) _____
Course: _____	_____	_____	_____
# of Students: _____	_____	_____	_____

**-OR-**

**MRTC Faculty:** If entered online  here:  then you do not need to list below.  
Otherwise please list minimum required dates taught (if not online):

Instructor: 1) Date: _____	2) _____	3) _____	4) _____
Course: _____	_____	_____	_____
# of Students: _____	_____	_____	_____

To enter classes online login <http://mymrtc.org/> then click "Enter Courses" in the navigation pane on the left.

**Joining/Re-aligning with the MinnState Multi-Regional Training Center**

**New/Renewing Instructors:** Complete this page of Instructor Profile Packet—and pay the bi-annual membership dues online. Your card, informational materials and receipt will be emailed upon receiving. Payment of the biennial \$60.00 membership dues can be made by one of three ways:

- A. **Credit card payment:** pay on our [MRTC Online site](#) (under the blue arrow).
- B. **Check** (please make checks payable to **MinnState-MRTC**, mail to address at bottom of page).
- C. **Purchase Order** include PO # and agency name here: # \_\_\_\_\_

\*Must have Credit Application to invoice/PO - if not a state agency.

To request an application and to send a copy of your PO, email [SO-MRTCOnline@minnstate.edu](mailto:SO-MRTCOnline@minnstate.edu)

**PER PAYMENT CARD REGULATIONS WE CAN ONLY ACCEPT CREDIT CARD TRANSACTIONS THRU OUR SECURED ONLINE ORDERING SYSTEM.**

Home [Browse Catalog](#) [Basket](#)



**MINNESOTA STATE**  
Multi-Regional Training Center

Order your MRTC products securely online. Click **TAXABLE** or **TAX EXEMPT** below to get started.

*The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of the fees for materials, do not represent income to the AHA.*

I agree to adhere to American Heart Association and Minnesota State Multi-Regional Training Center policies, using appropriate AHA materials and issuing certification cards.

\_\_\_\_\_   
Print Name

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date

\*\*\*\*\*  
**MRTC Office Use Only:**

Form of Payment:  Check # \_\_\_\_\_ Name on Check \_\_\_\_\_  
 Cash  
 Credit Card (Type): \_\_\_\_\_

Date receipt sent: \_\_\_\_\_ Initials: \_\_\_\_\_ Date IPF to MRTC Asst.: \_\_\_\_\_

Minnesota State  
**Multi-Regional Training Center**  
30 7<sup>th</sup> St., E., Suite 350, St. Paul, MN 55101-7804  
Office: 651-201-1795  
Email : [SO-MRTCOnline@minnstate.edu](mailto:SO-MRTCOnline@minnstate.edu)

Pediatric Advanced Life Support  
**Child CPR and AED  
 Skills Testing Checklist**



American Heart Association.

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name \_\_\_\_\_ Date of Test \_\_\_\_\_

Hospital Scenario: "You are working in a hospital or clinic, and you see a child who has suddenly collapsed in the hallway. You check that the scene is safe and then approach the patient. Demonstrate what you would do next."

Prehospital Scenario: "You arrive on the scene for a child who is not breathing. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next."

**Assessment and Activation**

Checks responsiveness       Shouts for help/Activates emergency response system/Sends for AED

Checks breathing               Checks pulse

Once student shouts for help, instructor says, "Here's the barrier device. I am going to get the AED."

**Cycle 1 of CPR (30:2) \*CPR feedback devices preferred for accuracy**

**Child Compressions**

Performs high-quality compressions\*:

- Hand placement on lower half of sternum
- 30 compressions in no less than 15 and no more than 18 seconds
- Compresses at least one third the depth of the chest, about 2 inches (5 cm)
- Complete recoil after each compression

**Child Breaths**

Gives 2 breaths with a barrier device:

- Each breath given over 1 second
- Visible chest rise with each breath
- Resumes compressions in less than 10 seconds

**Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed**

Compressions       Breaths       Resumes compressions in less than 10 seconds

Rescuer 2 says, "Here is the AED. I'll take over compressions, and you use the AED."

**AED (follows prompts of AED)**

Powers on AED       Correctly attaches pads       Clears for analysis       Clears to safely deliver a shock

Safely delivers a shock

**Resumes Compressions**

Ensures compressions are resumed immediately after shock delivery

- Student directs instructor to resume compressions or
- Student resumes compressions

**STOP TEST**

**Instructor Notes**

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

**Test Results**      Check **PASS** or **NR** to indicate pass or needs remediation:       **PASS**       **NR**

Instructor Initials \_\_\_\_\_ Instructor Number \_\_\_\_\_ Date \_\_\_\_\_

Pediatric Advanced Life Support  
**Infant CPR**  
**Skills Testing Checklist (1 of 2)**



American  
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American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name \_\_\_\_\_ Date of Test \_\_\_\_\_

Hospital Scenario: "You are working in a hospital or clinic when a woman runs through the door, carrying an infant. She shouts, 'Help me! My baby's not breathing.' You have gloves and a pocket mask. You send your coworker to activate the emergency response system and to get the emergency equipment."

Prehospital Scenario: "You arrive on the scene for an infant who is not breathing. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next."

**Assessment and Activation**

- Checks responsiveness       Shouts for help/Activates emergency response system  
 Checks breathing               Checks pulse

Once student shouts for help, instructor says, "Here's the barrier device."

**Cycle 1 of CPR (30:2) \*CPR feedback devices preferred for accuracy**

**Infant Compressions**

- Performs high-quality compressions\*:
- Placement of 2 fingers or 2 thumbs in the center of the chest, just below the nipple line
  - 30 compressions in no less than 15 and no more than 18 seconds
  - Compresses at least one third the depth of the chest, about 1½ inches (4 cm)
  - Complete recoil after each compression

**Infant Breaths**

- Gives 2 breaths with a barrier device:
- Each breath given over 1 second
  - Visible chest rise with each breath
  - Resumes compressions in less than 10 seconds

**Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed**

- Compressions       Breaths       Resumes compressions in less than 10 seconds

Rescuer 2 arrives with bag-mask device and begins ventilation while Rescuer 1 continues compressions with 2 thumb-encircling hands technique.

**Cycle 3 of CPR**

- Powers on AED       Correctly attaches pads       Clears for analysis       Clears to safely deliver a shock  
 Safely delivers a shock

**Rescuer 1: Infant Compressions**

- Performs high-quality compressions\*:
- 15 compressions with 2 thumb-encircling hands technique
  - 15 compressions in no less than 7 and no more than 9 seconds
  - Compress at least one third the depth of the chest, about 1½ inches (4 cm)
  - Complete recoil after each compression

**Rescuer 2: Infant Breaths**

*This rescuer is not evaluated.*

(continued)

Pediatric Advanced Life Support  
**Infant CPR**  
**Skills Testing Checklist (2 of 2)**



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DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name \_\_\_\_\_

Date of Test \_\_\_\_\_

\_\_\_\_\_ (continued)

**Cycle 4 of CPR**  
**Rescuer 2: Infant Compressions**  
*This rescuer is not evaluated.*  
**Rescuer 1: Infant Breaths**

Gives 2 breaths with a bag-mask device:

- Each breath given over 1 second
- Visible chest rise with each breath
- Resumes compressions in less than 10 seconds

**STOP TEST**

**Instructor Notes**

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

<b>Test Results</b> Check <b>PASS</b> or <b>NR</b> to indicate pass or needs remediation:	<input type="checkbox"/> <b>PASS</b>	<input type="checkbox"/> <b>NR</b>
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Instructor Initials \_\_\_\_\_ Instructor Number \_\_\_\_\_ Date \_\_\_\_\_

# Airway Management Skills Station Competency Checklist



American Heart Association.

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DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name \_\_\_\_\_ Date of Test \_\_\_\_\_

Critical Performance Steps	Check if done correctly
Verbalizes difference between high-flow and low-flow O <sub>2</sub> delivery systems <ul style="list-style-type: none"> <li>• High flow: O<sub>2</sub> flow exceeds patient inspiratory flow, preventing entrainment of room air if system is tight-fitting; delivers nearly 1.00 FIO<sub>2</sub>, eg, nonrebreathing mask with reservoir, high-flow nasal cannula</li> <li>• Low flow (≤10 L/min): patient inspiratory flow exceeds O<sub>2</sub> flow, allowing entrainment of room air; delivers 0.22 to 0.60 FIO<sub>2</sub>, eg, standard nasal cannula, simple O<sub>2</sub> mask</li> </ul>	
Verbalizes maximum nasal cannula flow rate for standard nasal cannula (4 L/min)	
Opens airway by using head tilt–chin lift maneuver while keeping mouth open (jaw thrust for trauma victim)	
Verbalizes different indications for OPA and NPA <ul style="list-style-type: none"> <li>• OPA only for unconscious victim without a gag reflex</li> <li>• NPA for conscious or semiconscious victim</li> </ul>	
Selects correctly sized airway by measuring <ul style="list-style-type: none"> <li>• OPA from corner of mouth to angle of mandible</li> </ul>	
Inserts OPA correctly	
Verbalizes assessment for adequate breathing after insertion of OPA	
Suctions with OPA in place; states suctioning not to exceed 10 seconds	
Selects correct mask size for ventilation	
Assembles bag-mask device, opens airway, and creates seal by using E-C clamp technique	
With bag-mask device, gives 1 breath every 2 to 3 seconds for 30 seconds. Gives each breath in approximately 1 second; each breath should cause chest rise	
Endotracheal Intubation <ul style="list-style-type: none"> <li>• States equipment needed for endotracheal (ET) tube intubation procedure</li> <li>• Demonstrates technique to confirm proper ET tube placement by physical exam and by using an exhaled CO<sub>2</sub> device</li> <li>• Secures ET tube</li> <li>• Suctions with ET tube in place</li> </ul>	
<b>The following steps are optional. They are demonstrated and evaluated only when the student's scope of practice involves ET intubation.</b>	
Endotracheal Intubation <ul style="list-style-type: none"> <li>• Prepares equipment for ET intubation</li> <li>• Inserts ET tube correctly</li> </ul>	

### STOP TEST

<b>Instructor Notes</b> <ul style="list-style-type: none"> <li>• Place a check in the box next to each step the student completes successfully.</li> <li>• If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).</li> </ul>	
<b>Test Results</b> Check <b>PASS</b> or <b>NR</b> to indicate pass or needs remediation:	<input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>NR</b>
Instructor Initials _____ Instructor Number _____ Date _____	



# Rhythm Disturbances/ Electrical Therapy Skills Station Competency Checklist



American Heart Association.

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name \_\_\_\_\_ Date of Test \_\_\_\_\_

Critical Performance Steps	Check if done correctly
Applies 3 ECG leads correctly (or local equipment if >3 leads are used) <ul style="list-style-type: none"> <li>Negative (white) lead: to right shoulder</li> <li>Positive (red) lead: to left lower ribs</li> <li>Ground (black, green, brown) lead: to left shoulder</li> </ul>	
Demonstrates correct operation of monitor <ul style="list-style-type: none"> <li>Turns monitor on</li> <li>Adjusts device to manual mode (not AED mode) to display rhythm in standard limb leads (I, II, III) or paddles/electrode pads</li> </ul>	
Verbalizes correct electrical therapy for appropriate core rhythms <ul style="list-style-type: none"> <li>Synchronized cardioversion for unstable SVT, VT with pulses</li> <li>Defibrillation for pulseless VT, VF</li> </ul>	
Selects correct paddle/electrode pad for infant or child; places paddles/electrode pads in correct position	
Demonstrates correct and safe synchronized cardioversion <ul style="list-style-type: none"> <li>Places device in synchronized mode</li> <li>Selects appropriate energy (0.5 to 1 J/kg for initial shock)</li> <li>Charges, clears, delivers current</li> </ul>	
Demonstrates correct and safe manual defibrillation <ul style="list-style-type: none"> <li>Places device in unsynchronized mode</li> <li>Selects energy (2 to 4 J/kg for initial shock)</li> <li>Charges, clears, delivers current</li> </ul>	

### STOP TEST

<b>Instructor Notes</b> <ul style="list-style-type: none"> <li>Place a check in the box next to each step the student completes successfully.</li> <li>If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).</li> </ul>	
<b>Test Results</b> Check <b>PASS</b> or <b>NR</b> to indicate pass or needs remediation:	<input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>NR</b>
Instructor Initials _____ Instructor Number _____ Date _____	

# Vascular Access Skills Station Competency Checklist



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DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name \_\_\_\_\_ Date of Test \_\_\_\_\_

Critical Performance Steps	Check if done correctly
Verbalizes indications for IO insertion	
Verbalizes sites for IO insertion (anterior tibia, distal femur, medial malleolus, anterior-superior iliac spine)	
Verbalizes contraindications for IO placement <ul style="list-style-type: none"> <li>• Fracture in extremity</li> <li>• Previous insertion attempt in the same bone</li> <li>• Infection overlying bone</li> </ul>	
Inserts IO catheter safely	
Verbalizes how to confirm IO catheter is in correct position; verbalizes how to secure IO catheter	
Attaches IV line to IO catheter; demonstrates giving IO fluid bolus by using 3-way stopcock and syringe	
Shows how to determine correct drug doses by using a color-coded length-based tape or other resource	
<b>The following is optional:</b>	
Verbalizes correct procedure for establishing IV access	

### STOP TEST

<b>Instructor Notes</b>	
<ul style="list-style-type: none"> <li>• Place a check in the box next to each step the student completes successfully.</li> <li>• If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).</li> </ul>	
<b>Test Results</b> Check <b>PASS</b> or <b>NR</b> to indicate pass or needs remediation:	<input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>NR</b>
Instructor Initials _____ Instructor Number _____ Date _____	

## American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

**Instructions:** Training Faculty (TF) should use this form to assess the competencies of instructor candidates and renewing instructors. For each competency, there are several indicators or behaviors that the instructor may exhibit to demonstrate competency.

*To be used in conjunction with the Instructor/TF Renewal Checklist.*

### Role of the TF Observer:

The role of the TF observer for this monitoring is to observe only. Debriefing or correcting the instructor during the course should be avoided. If critical components are not being completed, contact the TC Coordinator or Course Director outside the classroom setting immediately.

### Evaluating the Critical Actions:

The following questions are critical actions required for a successful course. Each item is written to maximize the objectivity and minimize the subjectivity of the evaluator. For each item, mark one of the following:

- Yes** for items present or completed if there are no required changes for improvement. There may be recommendations for improvement and comments but no required changes.
- Yes with req.** (Yes with requirements) for items that were completed but *changes are required* for full compliance. Fill in the comment box with the required change and rationale.
- No** if the required action was not done or was done incorrectly.
- Not Observed** for items the observer did not witness during monitoring.

### SECTION 1:

#### General information for the individual and course being observed.

Instructor or instructor candidate name: \_\_\_\_\_

Instructor ID #: \_\_\_\_\_ Instructor card expiration date: \_\_\_\_\_

Course reviewed:  Heartsaver®  BLS  ACLS  ACLS EP  PALS  PEARS®

Purpose of review:  Initial application  Instructor renewal  Remediation

### SECTION 2:

#### Instructor competencies and indicators. Observed by TF in a class setting.

**Course Delivery:** Presents AHA course content as intended by using AHA course curricula and materials

- 2.1 Delivers all core content consistent with AHA published guidelines, Instructor Manual, Lesson Plans, and agenda

Yes

Yes with req.

No

Not observed

Reviewer's comments:

\_\_\_\_\_  
\_\_\_\_\_

## American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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2.2 Uses videos, checklists, equipment, and other tools as directed in the Instructor Manual

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.3 Allows adequate time for content delivery, skills practice, and debriefing

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.4 Promotes retention by reinforcing key points

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.5 Delivers course in a safe and nonthreatening manner

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.6 Relates course material to audience (prehospital or in-facility)

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.7 Effectively operates technology used in the course

Yes

Yes with req

No

Not observed

Reviewer's comments:

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## American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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2.8 Adapts terminology appropriate to location, audience, and culture

Yes                      Yes with req                      No                      Not observed  
                                                                 

Reviewer's comments:

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2.9 Accommodates students who have disabilities and other special needs

Yes                      Yes with req                      No                      Not observed  
                                                                 

Reviewer's comments:

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2.10 Provides timely and appropriate feedback to students

Yes                      Yes with req                      No                      Not observed  
                                                                 

Reviewer's comments:

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2.11 Uses principles of effective team dynamics during small group activities

Yes                      Yes with req                      No                      Not observed  
                                                                 

Reviewer's comments:

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2.12 Facilitates debriefings after scenarios to improve individual and team performance

Yes                      Yes with req                      No                      Not observed  
                                                                 

Reviewer's comments:

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**Testing and Remediation:** Measures students' skills and knowledge against performance guidelines and provides remediation when needed to consolidate learning

2.13 Tests students by using AHA course materials according to instructions in the Instructor Manual

Yes                      Yes with req                      No                      Not observed  
                                                                 

Reviewer's comments:

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## American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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2.14 Provides feedback to students in a private and confidential manner

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.15 Provides remediation by directing students to reference material and by providing additional practice opportunities

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.16 Retests students when indicated

Yes

Yes with req

No

Not observed

Reviewer's comments:

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**Professionalism:** Maintains a high standard of ethics and professionalism when representing the AHA  
2.17 Demonstrates professional behavior in physical presentation and teaching, including enthusiasm, honesty, integrity, commitment, compassion, and respect

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.18 Follows HIPAA, FERPA, and/or local guidelines maintaining confidentiality

Yes

Yes with req

No

Not observed

Reviewer's comments:

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American Heart Association Emergency Cardiovascular Care Program  
**Instructor Monitor Tool**

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2.19 Recognizes and appropriately responds to ethical issues encountered in training

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.20 Maintains student confidentiality when appropriate

Yes

Yes with req

No

Not observed

Reviewer's comments:

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Overall comments from TF observer:

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Review completed:

Successful

Comment: \_\_\_\_\_  
\_\_\_\_\_

Remediation needed

Comment: \_\_\_\_\_  
\_\_\_\_\_

Unsuccessful

Comment: \_\_\_\_\_  
\_\_\_\_\_

TF name: \_\_\_\_\_

TF signature: \_\_\_\_\_ Date: \_\_\_\_\_

**American Heart Association Emergency Cardiovascular Care Program  
Instructor Monitor Tool**

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**SECTION 3:**

**Review of candidate or instructor. To be completed by TC Coordinator.**

I have reviewed the Instructor Monitor Tool with my TC Coordinator, and my instructor status has been reviewed with me. Overall comments from monitored candidate or instructor:

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Candidate or instructor name: \_\_\_\_\_

Candidate or instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

TC Coordinator name: \_\_\_\_\_

TC Coordinator signature: \_\_\_\_\_ Date: \_\_\_\_\_

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