



# MINNESOTA STATE

## Multi-Regional Training Center

### HS Instructor Profile 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 651-724-9701

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



# MINNESOTA STATE

## **Heartsaver Instructor Profile Form**

***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 for IPFs: [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 Address\* \_\_\_\_\_

\*Must have an email address

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

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

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

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

I currently teach:  BLS  Heartsaver  ACLS  PALS

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

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

**HS Essential Course Completion Date** (form attached if new Instructor): \_\_\_\_\_

# Heartsaver 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 and evaluation forms checklists) for a minimum of three years.

Instructor who taught this course: \_\_\_\_\_ Date(s) of Course: \_\_\_\_\_

Location where course was held: \_\_\_\_\_

Requesting **AHA Card** for:  HS Instructor (Initial)

HS Instructor (Renewal)

**Skills Evaluation:**  Pass  Fail (Skills Checklist & Monitoring Form attached)

**Written HS Instructor Test Score:** \_\_\_\_\_

## Minimum Teaching Requirements:

Note: Instructors must teach a minimum of four provider classes in two years.

**Instructors:** Please list minimum requirement of 4 classes taught:

**If already entered online  here:  or list date/course taught/# of students below:**

Provider: 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](#)



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
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\*\*\*\*\*  
**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  
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Heartsaver®  
**Adult CPR and AED  
 Skills Testing Checklist**



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

Scenario: "You arrive at the scene for a suspected cardiac arrest. 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/Sends someone to phone 9-1-1 and get an AED

Checks breathing

Once student houts for help, instructor says, "Here's the barrier device. I am going to phone 9-1-1 and get the AED."

**Cycle 1 of CPR (30:2)**

**Adult Compressions**

Performs high-quality compressions\*:

- Hand placement on lower half of breastbone
- 30 compressions in no less than 15 and no more than 18 seconds
- Compresses at least 2 inches (5 cm)
- Complete recoil after each compression

**Adult Breaths**

Gives 2 breaths with a barrier device:

- Each breath given over 1 second
- Visible chest rise with each breath
- Gives 2 breaths in less than 10 seconds

*\*CPR feedback devices preferred for accuracy.*

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

Gives 30 high-quality compressions     Gives 2 effective breaths

Instructor says, "Here is the AED."

**AED (follows prompts of AED)**

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

Presses button to deliver shock     Student immediately resumes compressions

AED trainer says, "The shock has been delivered."

**Cycle 3 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed**

Gives 30 high-quality compressions     Gives 2 effective breaths

**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>
Instructor Initials _____	Instructor Number _____	Date _____

Heartsaver®  
**Child CPR**  
**Skills Testing Checklist**



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

Scenario: "You are home alone with a child, and the child suddenly collapses in front of you. The scene is safe and you have a cell phone with you but no AED nearby. Demonstrate what you would do next."

**Assessment and Activation**  
 Checks responsiveness     Shouts for help/Sends someone to phone 9-1-1     Checks breathing

Once student shouts for help, instructor says, "Here's the barrier device. I am going to phone 9-1-1 and get the AED."

**Cycle 1 of CPR (30:2)**

<p><b>Child Compressions</b></p> <input type="checkbox"/> Performs high-quality compressions*: <ul style="list-style-type: none"> <li>• Hand placement on lower half of breastbone</li> <li>• 30 compressions in no less than 15 and no more than 18 seconds</li> <li>• Compresses at least one third the depth of the chest, approximately 2 inches (5 cm)</li> <li>• Complete recoil after each compression</li> </ul>	<p><b>Child Breaths</b></p> <input type="checkbox"/> Gives 2 breaths with a barrier device: <ul style="list-style-type: none"> <li>• Each breath given over 1 second</li> <li>• Visible chest rise with each breath</li> <li>• Gives 2 breaths in less than 10 seconds</li> </ul>
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*\*CPR feedback devices preferred for accuracy.*

**Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed**  
 Gives 30 high-quality compressions     Gives 2 effective breaths

**Cycle 3 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed**  
 Gives 30 high-quality compressions     Gives 2 effective breaths

Instructor says, "EMS has arrived and is taking over."

**STOP TEST**

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

Heartsaver®  
**Infant CPR**  
**Skills Testing Checklist**



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

Scenario: "While you are pushing a baby in a stroller at the park, you notice something is wrong with the baby. You do not have a phone nearby. You ensure that the scene is safe and take the baby out of the stroller. Demonstrate what you would do next."

**Assesses and Shouts for Help**

Checks responsiveness     Shouts for help     Checks breathing

Once student shouts for help, instructor says, "No one is around to help."

**Cycle 1 of CPR (30:2)**

<p><b>Infant Compressions</b></p> <p><input type="checkbox"/> Performs high-quality compressions*:</p> <ul style="list-style-type: none"> <li>• Uses 2 fingers or 2 thumbs of 1 hand, or the heel of 1 hand, to give compressions in the center of the chest, just below the nipple line</li> <li>• 30 compressions in no less than 15 and no more than 18 seconds</li> <li>• Compresses at least one third the depth of the chest, about 1½ inches (4 cm)</li> <li>• Complete recoil after each compression</li> </ul>	<p><b>Infant Breaths</b></p> <p><input type="checkbox"/> Gives 2 breaths with a barrier device:</p> <ul style="list-style-type: none"> <li>• Each breath given over 1 second</li> <li>• Visible chest rise with each breath</li> <li>• Gives 2 breaths in less than 10 seconds</li> </ul>
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*\*CPR feedback devices preferred for accuracy.*

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

Gives 30 high-quality compressions     Gives 2 effective breaths

**Cycle 3 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed**

Gives 30 high-quality compressions     Gives 2 effective breaths

Instructor says, "You have just completed 5 sets of 30 compressions and 2 breaths."

**Activates Emergency Response System (9-1-1)**

Verbalizes the need to leave to phone 9-1-1

**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>
Instructor Initials _____	Instructor Number _____	Date _____

Heartsaver®  
**First Aid**  
**Skills Testing Checklist**



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

Scenario: "EMS has arrived and takes over. You may now remove your gloves. Demonstrate what you would do next."

**Removing Gloves**

Grips one glove on the outside, near the cuff, to peel it off     Cups the inside-out glove with the gloved hand

Places 2 fingers of the bare hand inside the cuff to peel the second glove off, with the first glove inside it

Verbalizes the need to dispose of the gloves properly

Scenario: "You find a coworker lying on the floor in the break room. A phone, a first aid kit, and an AED are on the wall. Demonstrate on how you would find the problem."

**Finding the Problem**

Verbalizes that the scene is safe     Taps and shouts\*     Shouts for help/Phones 9-1-1/Gets the first aid kit and AED

Checks breathing†     Looks for injury and medical information jewelry‡

Verbalizes that he or she will stay with the person until EMS arrives

*\*After the student taps and shouts, the instructor says, "The person is unresponsive."*

*†After the student verbalizes that they have checked for breathing, the instructor says, "The person is breathing normally."*

*‡After the student checks for injury and medical information jewelry, the instructor says, "The person is not injured, and there is no medical information jewelry."*

Scenario: "A coworker has a severe allergic reaction, has an epinephrine pen, and needs help using it. You have completed all previous steps and are now ready to use the epinephrine pen. You have read the manufacturer's instructions, which state to inject for 3 seconds. Demonstrate what you would do next."

**Using an Epinephrine Pen**

Holds epinephrine pen in fist     Takes off safety cap     Holds leg in place; presses epinephrine pen firmly against outer side of thigh for 3 seconds

Removes epinephrine pen     Rubs injection site for 10 seconds

Scenario: "You will demonstrate controlling bleeding and then bandaging a small cut on the person's forearm. You have the first aid kit and are now ready to begin."

**Controlling Bleeding and Bandaging**

Verbalizes putting on gloves, and places pressure over cut with a clean dressing\*

Presses harder to ensure that bleeding is stopped†     Applies bandages over the dressings

*\*After about 15 seconds, the instructor says, "The bleeding is not stopping."*

*†After another 5 seconds, the instructor says, "The bleeding has stopped."*

**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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