



## **Instructor Alignment Application**

- 1) **Name:** \_\_\_\_\_
- 2) **Phone Number:** \_\_\_\_\_
- 3) **Email:** \_\_\_\_\_
- 4) **Business Name (If applicable):** \_\_\_\_\_
- 5) **Is your business registered with the state? (Please Circle):**      **YES / NO**
- 6) **Does your business have a website? (Please Circle):**      **YES / NO**  
**If yes, what is the website address?** \_\_\_\_\_
- 7) **Current medical certifications/licenses (If Applicable):**
  - Medical Doctor**
  - Advanced Practice Nurse/ Physician Assistant**
  - Registered Nurse**
  - Paramedic**
  - Respiratory Therapist**
  - Athletic Trainer**
  - LVN/LPN**
  - EMT**
  - Other:** \_\_\_\_\_
  - None**
- 8) **What organizations/disciplines are you certified to teach?**
  - American Heart Association (AHA)**  
**Instructor since** \_\_\_\_/\_\_\_\_/\_\_\_\_
    - Heartsaver First Aid CPR AED**
    - Basic Life Support (BLS)**
    - Advanced Cardiovascular Life Support (ACLS)**

- Pediatric Advanced Life Support (PALS)
- ACLS EP
- American Red Cross (ARC)
  - Instructor since \_\_\_\_/\_\_\_\_/\_\_\_\_
  - First Aid /CPR AED
  - Basic Life Support (BLS)
  - Advanced Life Support (ALS)
  - Pediatric Advanced Life Support (PALS)
  - Other: \_\_\_\_\_
- Health and Safety Institute (HSI)
  - Instructor since \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Adult/Pediatric First Aid CPR AED
  - Basic Life Support (BLS)
  - Emergency Medical Response (EMR)
  - Wilderness First Aid
  - Active Shooter Response Training (AVERT)
- Stop the Bleed Instructor since \_\_\_\_/\_\_\_\_/\_\_\_\_
- Other Organization \_\_\_\_\_
  - Disciplines: \_\_\_\_\_

9) **Do you have your own business location where you teach classes? (Please Circle):**  
**YES / NO**

10) **What percentage (approximately) of your business is doing classes at your client's location? \_\_\_\_\_%**

11) **How many classes, on average, do you teach? (Please Circle): \_\_\_\_ per week / month**

12) **Do you offer classes in languages other than English? (Please Circle): YES / NO**  
**If YES, what languages? \_\_\_\_\_**

13) **EQUIPMENT**

<b>Equipment</b>	<b>Quantity</b>	<b>Brand Name</b>
Adult Manikins		
Child Manikins		
Infant Manikins		
AED's		
EpiPen Trainers		Not Applicable

14) **Do your adult manikins have a feedback device as per the AHA requirements?**  
**(Please Circle): YES / NO**

15) **If answered NO to the above question, what type of feedback devices do you use in your classes to monitor compression rate and depth? Please explain:**

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16) **RGV CPR requires aligned instructors to teach AT LEAST ONE CLASS and issue AT LEAST 6 eCARDS every six months. If accepted for alignment, will you be able to meet these requirements? (Please Circle): YES / NO**

**Email your completed application to: [instructor.services@rgvcpr.com](mailto:instructor.services@rgvcpr.com)**

**You will receive a reply via email within 24 hours.**