



MINNESOTA STATE

Multi-Regional Training Center

HS Instructor Check List

- Check that all pages filled out completely, must have an email address
- Enter courses you taught in the MRTC database (4 Minimum)
<http://mymrtc.org/>
- Pay for MRTC biennial membership dues (see last page for instructions)
- Sign last page
- Mail or email completed Profile Form

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 651-201-1795 or x1796

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 7th St. E, Suite 350, St. Paul, MN 55101-7804

Toll Free: 800-311-3143

Office: 651-201-1795

Fax: 651-649-5409

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 MnSCU Multi-Regional Training Center

- 1) New/Renewing Instructors: Mail this completed Instructor Profile Packet—all pages, along with the bi-annual membership dues. Your card and materials will be mailed upon receiving this AHA required information.
- 2) Payment of the biennial \$50.00 membership dues by one of three ways:
 - a. **Check** (please make checks payable to Minnesota State-MRTC)
 - b. **Purchase Order** (include PO # here: _____)
(Must have Credit Application for invoicing/PO if not a state agency—call 651-201-1795 for application).
 - c. **Credit Cards** pay dues online at: [MRTC Online](#) (No S/H or Sales Tax)

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



You will receive an email receipt.

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 routed to MRTC Support: _____ Initials: _____ Date Receipt sent: _____

Minnesota State
Multi-Regional Training Center
30 7th St., E., Suite 350, St. Paul, MN 55101-7804
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Adult CPR and AED Skills Testing Checklist



Student Name _____ Date of Test _____

Scenario: "You arrive on 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 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) *CPR feedback devices preferred for accuracy

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

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 ✓ 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 _____

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/Phones 9-1-1 on cell phone Checks breathing

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

Child 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 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
 - Gives 2 breaths in less than 10 seconds

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

Instructor Notes

- Place a ✓ 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 _____

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."

Assessment and Activation

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) *CPR feedback devices preferred for accuracy

Infant Compressions

Performs high-quality compressions*:

- Placement of 2 fingers 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
- Gives 2 breaths in less than 10 seconds

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		
<ul style="list-style-type: none"> • Place a ✓ 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 _____

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 gloves properly

Scenario: "You find a coworker lying on the floor in the break room. There are a phone, first aid kit, and AED on the wall. Demonstrate 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 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 he or she has 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. Demonstrate what you would do next."

Using an Epinephrine Pen

Holds epinephrine pen in fist Takes off safety cap Presses epinephrine pen firmly against outer side of thigh for 10 seconds

Removes epinephrine pen Rubs injection site for 10 seconds

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

Stopping Bleeding and Bandaging

Tells person to place pressure over cut with clean dressing Verbalizes putting on gloves Applies pressure to bleeding area*

Adds more dressings and presses harder† Applies more bandages over the dressing

*Instructor says, "The bleeding is not stopping."

†Instructor says, "The bleeding has stopped."

STOP TEST

Instructor Notes		
<ul style="list-style-type: none"> Place a ✓ 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 _____

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

Instructions: Training Center Faculty (TCF) or Regional Faculty (RF) 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/TCF Renewal Checklist.

Role of the RF/TCF Observer:

The role of the RF/TCF 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 TCF or RF 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

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:

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.4 Promotes retention by reinforcing key points

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.5 Delivers course in a safe and nonthreatening manner

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.7 Effectively operates technology used in the course

Yes

Yes with req

No

Not observed

Reviewer's comments:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

2.8 Adapts terminology appropriate to location, audience, and culture

Yes Yes with req No Not observed

Reviewer's comments:

2.9 Accommodates students who have disabilities and other special needs

Yes Yes with req No Not observed

Reviewer's comments:

2.10 Provides timely and appropriate feedback to students

Yes Yes with req No Not observed

Reviewer's comments:

2.11 Uses principles of effective team dynamics during small group activities

Yes Yes with req No Not observed

Reviewer's comments:

2.12 Facilitates debriefings after scenarios to improve individual and team performance

Yes Yes with req No Not observed

Reviewer's comments:

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:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

2.14 Provides feedback to students in a private and confidential manner

Yes Yes with req No Not observed

Reviewer's comments:

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:

2.16 Retests students when indicated

Yes Yes with req No Not observed

Reviewer's comments:

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:

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

Yes Yes with req No Not observed

Reviewer's comments:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

2.19 Recognizes and appropriately responds to ethical issues encountered in training

Yes Yes with req No Not observed

Reviewer's comments:

2.20 Maintains student confidentiality when appropriate

Yes Yes with req No Not observed

Reviewer's comments:

Overall comments from TCF or RF observer:

Review completed:

Successful

Comment: _____

Remediation needed

Comment: _____

Unsuccessful

Comment: _____

RF/TCF name: _____

RF/TCF signature: _____ Date: _____

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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:

Candidate or instructor name: _____

Candidate or instructor signature: _____ Date: _____

TC Coordinator name: _____

TC Coordinator signature: _____ Date: _____
