



MINNESOTA STATE

Multi-Regional Training Center

BLS Instructor Profile Check List

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

- Check that all pages are filled out completely, must have an email address
 - Enter courses you taught in the **MRTC Database** (4 Minimum)
 - Pay MRTC biennial membership on our on-line site
 - Sign and date page four
- Email completed Profile Form to: 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 651-447-6864

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



MINNESOTA STATE

BLS Instructor Profile Form

Minnesota State - Multi-Regional Training Center

30 7th St. E, Suite 350, St. Paul, MN 55101-7804

Office: 651-447-6864 Email IPFs To: SO-MRTCIPF.minnstate.edu

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: _____ Atlas E-mail Address* _____

*Email address must match your Atlas Account

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: _____

BLS Essential Course Completion Date (form attached if new Instructor): _____

Alignment Request (other than MRTC) _____

Instructor/MRTC Faculty 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.

Faculty Name for this course: _____ Date(s) of Course: _____

Location where course was held: _____ - Course Monitoring: _____

Requesting AHA Card for: BLS Instructor (Initial) -or- BLS Instructor (Renewal)

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

Written BLS Instructor Test Score: _____

Instructors Signature: _____

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 \checkmark 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: _____	_____	_____	_____

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.

A. **MRTC Dues payment:** pay on our [MRTC Online site](#) (under the blue arrow).

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

Minnesota State
Multi-Regional Training Center
30 7th St., E., Suite 350, St. Paul, MN 55101-7804
Office: 651-201-1795
Email : SO-MRTCIPF@minnstate.edu

Basic Life Support
Adult CPR and AED
Skills Testing Checklist



Student Name _____ Date of Test _____

Hospital Scenario: "You are working in a hospital or clinic, and you see a person 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 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/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 are required for accuracy

Adult 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 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
 - 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
 - Second 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 _____

Basic Life Support
Infant CPR
Skills Testing Checklist (1 of 2)



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

<input type="checkbox"/> Checks responsiveness	<input type="checkbox"/> Shouts for help/Activates emergency response system
<input type="checkbox"/> Checks breathing	<input type="checkbox"/> Checks pulse

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

Cycle 1 of CPR (30:2) *CPR feedback devices are required 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, approximately 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

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
- Compresses at least one third the depth of the chest, approximately 1½ inches (4 cm)
- Complete recoil after each compression

Rescuer 2: Infant Breaths

This rescuer is not evaluated.

(continued)

Basic Life Support
Infant CPR
Skills Testing Checklist (2 of 2)



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).

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

Instructor Initials _____ Instructor Number _____ Date _____

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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 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

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 TF observer:

Review completed:

Successful

Comment: _____

Remediation needed

Comment: _____

Unsuccessful

Comment: _____

TF name: _____

TF 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: _____
