



Life Rescue Training

## Instructor Agreement Affiliation with Life Rescue Training

### Please Print

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Please mark the appropriate disciplines you are an INSTRUCTOR or RF in –( **not provider** )

BLS Instructor       HS Instructor       First Aid Instructor

ACLS Instructor

PALS Instructor

Please include a copy of your current cards.

I, \_\_\_\_\_ do hereby agree to follow the requirements of AHA, Atlanta Tech TC and Life Rescue Training in teaching any and all courses affiliated with AHA. This includes using the appropriate instructor tool kit, providing AHA manuals before, during and after classes to students and providing cards after the course is completed, as well as submitting the roster to the TC for teaching credit. I realize I must teach 4 courses and be monitored in a two year period and attend an update in all disciplines I am an instructor in to maintain my current instructor status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

TC Rep \_\_\_\_\_ Date \_\_\_\_\_

Submit to: Life Rescue Training  
AHA Training Site  
PO Box 624  
Porterdale, GA 30070  
Ofc: 404-734-1380  
[contact@lrti.org](mailto:contact@lrti.org)  
[www.lrti.org](http://www.lrti.org)