

**Training Center
Alignment / Commitment Agreement**

As an AHA Instructor, I agree to the following:

1. I agree to align/affiliate with the **RWJBarnabas Health Training Center** and to abide by any policies and procedures of that training center.
2. I will adhere to the guidelines, curricula and performance standards of the **American Heart Association (AHA)** as outlined in the Instructor Manuals and associated provider manuals.
3. I will ensure every student, that I teach, has access to a provider manual whenever required or will notify the TC.
4. I agree to teach at least two courses per year in order to maintain my current instructor status which is a total of 4 in two years.
5. I understand that I must be monitored for Instructor competency via a written exam, a skills demonstration, and a teaching episode to maintain my instructor status. This is done at a minimum every two years before my expiration date. There is zero grace period for an instructor whose card has expired.
6. I understand that the training center may send faculty to audit any of my scheduled classes with or without my prior knowledge.
7. I agree to attend all updates, Instructor Renewal courses, or any other informational sessions deemed necessary by the Training Center. If I do not attend these updates, I understand that my file will become inactive and that I cannot submit rosters until all requirements are met.
8. I agree to use the most current documentation tools provided by the Training Center. I understand that if my documentation is incomplete, the Training Center will return the documents for correction. No cards will be issued until the documentation is completed and submitted to the Training Center.
9. I agree to securely maintain all exam copies and answer sheets. I will keep them secured and not share them with anyone via print, fax, email or other medium.
10. I understand that when I am teaching directly for the training center (does not apply to private instructors or businesses), those clients are clients of the training center. I will not solicit their business, hand out my personal information, flyers, business cards or advertisements. I will not compete, expressly or implicitly, with the training center.
11. I understand that my Instructor status may be deactivated, from the training center, at any time if I disregard the policies, procedures, or standards of the American Heart Association or the CPR Training Center at Newark Beth Israel Medical Center.
12. I will not deface, alter or modify any property of the CPR Training Center at any time and agree to be held responsible for any repair or replacement costs associated with such alterations.
13. I will submit all documentation to the Training Center within 7 business days of course completion.

Instructor Name: _____ Date: _____

Instructor Signature: _____ Disciplines: __HS __BLS __PALS __ACLS __ACLS EP