

PRECOURSE AGREEMENT

THIS FORM IS REQUIRED AT MINIMUM 30 DAYS IN ADVANCE FOR ALL ACLS, PALS AND INSTRUCTOR COURSES

PLEASE FILL THIS OUT AND SCAN IT INTO ENROLLWARE ALONG WITH AGENDA IN THE DOCUMENT WINDOW ON THE CLASS DETAILS PAGE, a comment needs to be added in the comments section under the class stating when this and the agenda were added, since it time stamps (ALL OTHER DOCUMENTATION CAN BE ADDED AT THE COMPLETION OF THE COURSE)

Precourse Agreements are required for the following AHA Programs: ACLS and PALS Provider courses and all AHA Instructor courses. We are required by AHA Guidelines to review your program and courses for purposes of quality assurance at any time during the term of this agreement.

Please note that the contact person noted below is the individual in charge of the AHA courses offered within your organization and carries the overall responsibility to ensure that AHA guidelines and TC paperwork are current, in compliance and being followed.

Date	Contact Person			
Mailing Address				
City	S	tate	Zip code	
Daytime Phone Number	Fax Number	Email Address		
This Pre-course Approval A time during the year, it mus		prior to the first s	scheduled course.	submitted at any

This pre-course package contains the following components that need to be reviewed, completed and submitted to CPR Consultants by the contact person mentioned above within 30 days prior to the first course being given. Note: Any incomplete forms with be returned and delay approval. Please keep a copy of all forms for your personal records.

- 1. Pre-Course Agreement
- 2. Course dates for 6 months
- 3. Course agenda **NOT** the agenda from the Instructor manual
- 4. Additions and Deletions Form
- 5. Precourse Information for Participants
- 6. Instructor Courses
 - a. Essentials
 - b. Provider card
 - c. AHA Instructor materials
 - d. Candidate Application
 - e. Approved Feedback device

Description of Pre-Course Approval Agreement Components

All of the following American Heart Association courses require pre-course approval from the AHA Training Center:

- ACLS Provider Course
- PALS Provider Course
- ACLS-EP Provider Course
- BLS or Heartsaver Instructor Course
- ACLS Instructor Course
- PALS Instructor Course
- ACLS-EP Instructor Course

The following components must be submitted to CPR Consultants, Inc. at least 30 days prior to the course date.

Pre-course agreement

This page provides us the organization and contact information and lists the components of the pre-course agreement. You may submit one pre-course agreement for the entire year as long as you list all the scheduled dates of the courses and all the required information for each type of course you are going to teach.

Personnel Roster

If the faculty being used are current members with CPR Consultants, Inc. we do not need to have any documentation, a list of all instructors you intend to use in each type of course. We do need documentation of outside instructors. If you use an Instructor not affiliated with CPR Consultants, Inc. we need a copy of their current AHA Instructor card for each discipline they intend to teach. If you are using special faculty, such as an anesthesiologist to teach airway management and they are not an AHA instructor, they may only teach informational session, no skill stations or testing, and we need documentation of their qualifications to teach this session.

Course Dates

Please list all dates you will be teaching any of the above courses. If a course is cancelled or the date moved, please delete the class from Enrollware or add changes to Enrollware. We need the change(s) documented in writing.

Course Agenda

A copy of the course agenda for each advanced course you intend to teach. Please do not send us a copy of the agenda from the AHA Instructor manuals. We want to see your actual agenda, how you have scheduled rotation and instructors. If you change your agenda during the terms of the precourse agreement, send us the new agenda 30 days prior to the course for review and approval.

Additions and Deletions

If Instructors, dates or agendas change, please send us the changes in writing to CPR Consultants, Inc. at info@cprconsultants.com or fax us the changes at 919-235-0842.

If you have any questions, please contact us at CPR Consultants, Inc. Thank you.

This agreement may be terminated at any time during its term if performance and required paperwork and record-keeping do not need AHA guidelines and this agreement. If you have any questions or if any package components are missing, please contact us at CPR Consultants immediately before signing this agreement.

Contact person name (printed)	Signature	Date
I have reviewed this packet of information	onal documents and agree to the	terms of this agreement.
CPR Consultants, Inc.		
Thank you,		
Consultants immediately before signing	this agreement.	