

# Silver Cross Hospital

## American Heart Association Training Center

I, \_\_\_\_\_ (print full name) request to become affiliated with the Silver Cross Hospital American Heart Association (AHA) Training Center (TC) as a recognized American Heart Association Instructor. I wish to have affiliation as an Instructor for the following AHA disciplines:

(Circle those applicable):    Heartsaver    BLS    ACLS    PALS    PEARS

I agree to be responsible for the safe use of equipment, the accuracy of the information taught, and the adherence to all AHA and Silver Cross TC policies and procedures. I have read and agree to adhere to the Program Administration Manual (PAM). I agree to sign and submit the required AHA Affiliation Paperwork along with this Affiliation Agreement I agree to be responsible for monitoring my Instructor Status Requirements as set forth by the AHA and ensure that I am monitored at a Provider Course prior to my expiration date in each of my affiliated disciplines. I agree to strengthen and support the Chain of Survival and the Mission of the AHA in my Community.

As an Affiliated Instructor I agree to submit the following:

- Copy of your current CPR Card and any current AHA Instructor Cards
- Copy of the AHA Instructor Essentials Certificate for each discipline taught
- AHA Instructor Transfer Paperwork (if coming from another Training Center)
- Completed Instructor Demographic Form and Historical Data Form
- Affiliation Fee of \$30 payable to Silver Cross Hospital (first year) Link [AHA Instructor Cards | Silver Cross Hospital | New Lenox, IL](#)
- Affiliation Fee of \$30 payable to Silver Cross Hospital (every 2 years AFTER year 1). This fee will coincide with your Recertification Course. [AHA Instructor Cards | Silver Cross Hospital | New Lenox, IL](#)

This Agreement can be terminated by either party with 30 days written notification.

\_\_\_\_\_  
Signature of Instructor / Date

\_\_\_\_\_  
Signature of TC Coordinator / Date

\_\_\_\_\_  
Instructor Name (printed)

\_\_\_\_\_  
TC Coordinator (Printed)

Please remit all information required for Affiliation to:  
Jerry Cooke, TC Coordinator  
Silver Cross Hospital, EMS Room1458  
1900 Silver Cross Blvd.  
New Lenox IL, 60451  
(815) 300-7589  
[jcooke@silvercross.org](mailto:jcooke@silvercross.org)