

ACLS (*Advanced Cardiac Life Support*)
Instructor Course Application Form
February 15-16, 2012
Winnipeg, Manitoba



**HEART &
STROKE
FOUNDATION
OF CANADA**

Name _____ Employer(s) _____
Mailing address _____
City/Town _____ Postal Code _____
Phone (Home) _____ (Work) _____ (Cell) _____
E-mail address _____

1. Please describe your current experience in advanced cardiac life support:

2. Have you completed an ACLS Provider Course using the 2010 guidelines? YES NO

3. Please describe why you wish to become an ACLS Instructor and where you will be teaching:

4. Describe your involvement, if any, in small group teaching, i.e. preceptoring:

5. Describe your experience, if any, in developing educational programs:

6. What topics are you currently teaching and how often (include any unrelated teaching as well)?

7. How will you ensure you can maintain your Instructor status (3 classes in 3 years)?

8. In the next 3 years, how will you maintain your proficiency in ACLS skills outside of teaching?

Course Fee - \$500.00

Cheque enclosed _____
(Payable to Heart and Stroke Foundation of Canada)

P.O. # _____

Visa/MasterCard/Am-Ex _____
(Please circle)

Expiry date _____

**Please return application form, including required information
and payment no later than: January 30, 2012.**

Applications received after this date will not be accepted.

Required Information (must accompany application):

- (Copy of)* 2010 Heart & Stroke BLS for Health Care Provider (HCP) card (within last 12 months)
- (Copy of)* ACLS Provider card – 2010 Guidelines
- Resume or Curriculum Vitae
- (Copy of)* Proof of Licensing from licensing body (i.e. CRNM, MMA, Paramedic)
- Payment or Payment Information

**Incomplete applications or applications missing required documentation
will not be considered for review.**

Submit your application and related information to:

Diana Bayles, Resuscitation/AED Program Manager
Heart and Stroke Foundation of Canada, Manitoba
6 Donald Street, Winnipeg, MB, R3L 0K6
Fax: (204) 947-1737

Should you have any questions, please contact Diana Bayles directly at:

Phone: (204) 949-2033 E-mail: dbayles@heartandstroke.mb.ca

Refund Policy:

No refunds will be issued once the participant confirmation letter has been sent out.

The Heart and Stroke Foundation in Manitoba is committed to protecting the privacy of your personal information. The information gathered on this form will be used exclusively to maintain a record of course participants for verification and as a means to evaluate the resuscitation programs and instructors for quality assurance purposes.