

SOUTHEAST COMMUNITY TRAINING CENTER
611 Jones Rd
Newton, AL 36352
(334) 797-4956

PLEASE PRINT ALL INFORMATION CLEARLY:

NAME:

ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: () WORK PHONE : ()

EMAIL ADDRESS: @

AMERICAN HEART ASSOCIATION STATUS
(PLEASE CHECK THOSE WHICH APPLIES)

BASIC LIFE SUPPORT

Heartsaver Only

ADVANCE LIFE SUPPORT

PEDIATRIC LIFE SUPPORT

PLEASE CHECK ONLY ONE WHICH APPLIES TO YOU.

() I CERTIFY THAT I AM A VOLUNTEER AHA INSTRUCTOR REQUESTING AFFILIATION WITH SECTC AND DO NOT CHARGE FOR SERVICES. ANY AHA MATERIALS FOR THE COURSE WILL BE PASSED ON TO THE STUDENT AT THE PRICE I PURCHASED THE MATERIALS. I AM A NON-PROFIT AHA INSTRUCTOR.

() I CERTIFY THAT I AM A VOLUNTEER AHA INSTRUCTOR REQUESTING AFFILIATION WITH SECTC AND DO CHARGE FOR MY SERVICES. I UNDERSTAND THAT I MUST HAVE A TRAINING SITE AGREEMENT SIGNED WITH SECTC AND REQUIRED TO CARRY \$300,000.00 LIABILITY INSURANCE. FAILURE TO HAVE SAID INSURANCE WILL RESULT IN IMMEDIATE TERMINATION OF MY AFFILIATION WITH SECTC.

() I CERTIFY THAT I AM A VOLUNTEER AHA INSTRUCTOR WHO TEACHES FOR

TRAINING SITE, WHO HAS A SIGNED TRAINING SITE AGREEMENT AND I AM COVERED UNDER SAID TRAINING SITE'S LIABILITY INSURANCE POLICY.

I UNDERSTAND THAT SECTC ASSUMES NO RESPONSIBILITY FOR MY ACTIONS WHILE TEACHING COURSES.

INSTRUCTOR SIGNATURE: _____ DATE: _____

TC FACULTY: _____ DATE: _____