



Instructor/BLS-IT Renewal Checklist

Instructions:

This checklist may be used to document successful completion of Instructor/BLS-IT renewal requirements and contact information. This form will be kept in the Instructor/BLS-IT file.

Instructor/BLS-IT Contact Information

Name: _____

Address: _____

Phone: _____ Fax: _____ Cellular: _____

E-Mail: _____

Other contact information: _____

Discipline: BLS ACLS PALS HS First Aid

Primary Training Center (for discipline seeking renewal): _____ Survival Group

Name of TC Coordinator: _____ Daniel Carmody

Renewal Checklist

- Provider skills successfully demonstrated Date: _____ Method: _____
- Provider examination completed with a score of 84% or higher Date: _____
- Instructor examination completed with a score of 84% or higher Date: _____
- Instructor/BLS-IT renewal update(s) attended Date: _____
- Instructor/BLS-IT monitor form completed successfully Date: _____
- At least four (4) provider courses taught in the past two (2) years or waiver obtained (see below)
- At least four (4) Instructor/Instructor renewal course taught in the past two (2) years (BLS-IT only)
- At least two (2) HSFA courses taught in the past two (2) years (HSFA instructors only)

Teaching Activity

	Course Name	Date	Location (TC/Site)	Station/Module
1				
2				
3				
4				

Instructor/Instructor Renewal Course (BLS-IT only)

1				
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