

# AMERICAN HEART ASSOCIATION, KENTUCKY AFFILIATE

## Request for Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) Provider/Instructor Course

DATE: \_\_\_\_\_

TO: First Response of the Bluegrass (CPR Training Center)  
820 Lane Allen Road, Suite 125  
Lexington, KY 40504-3615

FROM: \_\_\_\_\_  
(Sponsoring Agency)

Request for approval from Kentucky Affiliate, AHA, Training Center to conduct the following course must be in the Training Center office **at least 30 days prior to scheduled course dates**. The Training Center will send a copy of this form to Bert Thomas, Program Associate, American Heart Association.

1. Type of Course \_\_\_\_\_

2. Dates \_\_\_\_\_

3. Location \_\_\_\_\_

4. Sponsors \_\_\_\_\_

5. Fees \_\_\_\_\_

6. Contact for Registration (name, address and phone number) \_\_\_\_\_

\_\_\_\_\_

7. Enrollment Prerequisites (M.D., R.N., EMT, Other Allied Health Professionals, BLS Skills, etc.)

\_\_\_\_\_

\_\_\_\_\_

8. Enrollment limitation \_\_\_\_\_

9. Course Director (Must be a physician with current ACLS Instructor status)

\_\_\_\_\_

10. Co-Course Director (May be a nurse or non-physician healthcare professional with current ACLS Instructor status) \_\_\_\_\_

11. Attach a Course Outline (topics and timeframes)

12. Attach a list of Faculty Members

NOTE: APPROVAL IS GRANTED UNLESS YOU ARE CONTACTED

NOTE to Course Coordinator: **Please send all rosters to your respective training center.**