

BTLS Instructor Record

Name: _____ Agency: _____

Please complete the following so we can update our records. If you prefer not to be contacted at a number or location, please do not fill in the blank. We only want information you want us to use. Remember, it is your responsibility to let us know of information changes. Thanks.

Home Address: _____ Home (____) ____-____
 _____ Pager (____) ____-____ AP DP
 _____ Cell (____) ____-____

Business Name: _____ Work (____) ____-____

Business Address: _____ Fax (____) ____-____
 _____ _____ (____) ____-____
 _____ E-mail: _____

I prefer to receive correspondence at [Home Business].

I will travel to other area counties to assist with BTLS. Yes No

When it comes to lecturing, I prefer to lecture will if needed prefer not to

My favorite topics are: _____

My favorite skill stations include: _____

I am currently certified or licensed in: ACLS BTLS PHTLS PALS PEPP
 Instructor Instructor Instructor Instructor Instructor

MD RN EMT-P EMT-IV Registry

Instructor Signature: _____ Date: ____/____/____

Initial Recognition

Date & Location "IP" earned: _____ Instructor Course Completed: ____/____/____

Monitored 1: ____/____/____ By: _____ Monitored 2: ____/____/____ By: _____

Instructor Card Sent: ____/____/____ Expiration Date: ____/____/____