

Irish Heart Foundation / American Heart Association Emergency Cardiovascular Care Programme

Instructor Monitor Form 2025

By listing your name and email address below, instructors agree to the Irish Heart Foundation processing your IHF/ AHA instructor certification details on the secure **IHF & Laerdal Learning Platform** (<https://ihf.eu.learning.laerdal.com/>), the PHECC Digital Certification Portal and our secure database for up to 5 years after the date of your instructor certification. The information will be used to certify instructors and issue electronic IHF/AHA/PHECC ACLS, BLS, Heartsaver, CFR instructor certificates via email. Anonymous statistical data in relation to this programme may be shared with our programme partners, American Heart Association, Laerdal Medical and PHECC, for reporting and analysis purposes. If you have any requests concerning your personal information or any queries with regard to our processing, please contact resus@irishheart.ie or visit <https://irishheart.ie/privacy-policy/>. IHF may also need to contact you by phone in relation to your CPR training during your certification as an IHF instructor – please provide details of a preferred phone number which will be processed on our secure database and will not be shared by us with any 3rd parties.

I confirm that I have read the above statement and consent to my instructor's certification information being processed on the LLP. PHECC and IHF database ☐

I can confirm that I have no prior or pending convictions, which would bring the Irish Heart Foundation into disrepute or potentially impact any of the candidates who I would be teaching in my classes. ☐

Instructor Name: _____

Instructor Email Address: _____

Instructor Phone Number: _____

Instructor IHF Number: _____

Requested Discipline(s): ☐ Heartsaver AED ☐ BLS ☐ ACLS
☐ Heartsaver AED & CFR C ☐ BLS & CFR C ☐ ACLS EP

Primary IHF-Affiliated Training Site: _____

Reason for monitoring: ☐ Initial Monitoring
 Initial Course TC & Date: _____

☐ Recertification
 Instructor card Expiration Date: _____

☐ Remediation after unsuccessful monitoring
 Previous Monitor Date _____

Previously Monitored By _____

Name of Reviewer: _____ Reviewer IHF Number: _____

Reviewer's Status: ☐ BLS Faculty ☐ ACLS Medical Director ☐ ACLS Faculty

Name of Course Taught (E.G. BLS Provider Course): _____

Instructions: Check appropriate box (E = Excellent, S = Satisfactory, NI = Needs Improvement, NA= Not Applicable) for all criteria that apply to the monitoring process. Instructor teaching and student evaluation skills need to be monitored. Please complete all areas. *Comment on all areas indicated as "Needs Improvement."

	E	S	NI*	NA	Comments
Teaching Effectiveness					
Organizes physical set-up to facilitate learning by students					
Introduces objectives/outline					
Covers core content following outline consistent with AHA guidelines					
Summarizes key information					
Demonstrates mastery of course content/ ability to respond to student questions					
Demonstrates willingness and ability to demonstrate skills (when applicable)					
Allows adequate time for skills practice					
Uses interactive teaching style/encourages student participation					
Manages time effectively (begins/ends on time, avoids digression from key points)					
Provides effective and ongoing feedback to students					
Demonstrates professionalism (Appropriate attire, use of terminology, etc)					
Evaluation Effectiveness					
Uses performance checklists (as available)					
Evaluates fairly, using current AHA guidelines and materials					
Provides or recommends appropriate remediation					
Materials/Equipment					
Uses equipment that is clean and in good working order					
Uses appropriate standard (universal) precautions whenever applicable					
Uses current AHA materials (video, tool kit, etc.) to deliver content					
All students are using appropriate AHA textbook					
Refers to AHA textbook during teaching and/or evaluation feedback					
Demonstrates ability to use and troubleshoot audiovisual equipment					
Signatures/Recommendations					

Reviewer's Recommendations/Comments: Do you recommend new/renewal of Instructor status for this Instructor Candidate/Instructor? If no, please summarize your rationale and provide recommendations for remediation (please attach additional comments as needed) Yes ☐ No ☐

Instructor's Comments: _____

Signature of reviewer _____

Date _____

Signature of instructor _____

Date _____



IHF Instructor Renewal Checklist Form 2025

(Recertifying instructors only)

This checklist should be used to document successful completion of IHF instructor renewal. Faculty members should securely store a copy of the completed form (physical or electronic) at the Training Site where the renewal is completed. The checklist and accompanying monitoring form should be forwarded to the IHF within **30 days of completion of the renewal**. Paperwork should be scanned and emailed to resus@irishheart.ie so that instructor certification can be processed in a timely fashion.

Instructor Information

Instructor Name: _____

Serial Number: _____

Renewal Checklist

- ☐ Provider Skills Successfully Demonstrated Date: _____
- ☐ Monitor Form completed & signed by faculty & instructor candidate
- ☐ 2020 AHA Guidelines Update Completed
- ☐ At least four AHA provider courses taught in the past two years

(List details below, including dates of CFR modules for Dual CFR Instructor Certification)

Course Type	Date	IHF Affiliated Training Site