

New Account Advanced Cardiac Life Support (ACLS) Instructor

To be completed and signed by Instructor-Trainer.
Please send to the HSFQ with the *Supervision form*.

Last name: (Capital letters) _____

First name: _____

Address: _____

City: _____ Postal Code: _____

Tel. (home): _____ - _____

Tel. (office): _____ - _____ Occupation: _____

Mobile phone: _____ - _____ Fax: _____ - _____

E-mail: _____

Date of your last course of "Provider ACLS" ____/____/____ (within the last 2 years)
YY MM DD

Course Director: _____

Date of Instructor course: ____/____/____
YY MM DD

Name of Instructor-Trainer: _____ Account # _____

SUPERVISION COURSE (form on page 2, to be completed and sent to the HSFQ)

Every ACLS Instructor-Trainer newly certified by the Heart & Stroke Foundation of Québec **MUST** give a first ACLS course supervised by an ACLS Instructor-Trainer **within 12 months after the completion of the instructor's course.**

Date of first course followed under the **supervision** of an Instructor-Trainer ____/____/____
YY MM DD

Name of ACLS Instructor-Trainer: _____ Account # _____

Comments of the Instructor-Trainer:

Supervision Form Advanced Cardiac Life Support (ACLS) Instructor

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Instructor's name:	Account #	Supervision date: ___/___/___ yy / mm / - dd
Instructor-Trainer:	Account #	

	Yes	+/-	No	N/A
<i>Does the instructor...</i>				
	Make a good contact with his students			
	Reassure the students, if necessary			
	Respect the students			
	Respect his colleagues			
	Establish and maintain order			
	Respect the rules of the HSFQ			
	Identify his educational objectives			
	Make up scripts responding to the students needs and reality			
	Identify the students having difficulty			
	Use feedback for education purpose			
	Summarize the script's message			
	Insist on the essential			
	Respect the time frame			
	Propose concrete means to help the students			
Recognize the limits of his knowledge				
Make the difference between his opinions and a consensus				

X

Instructor-Trainer