

**MUSC Health
Community Training Center
1 South Park Circle, Suite 300
Charleston, SC 29407
(843) 876-8696
Fax (843) 876-8738**

MUSC COMMUNITY TRAINING CENTER INSTRUCTOR AGREEMENT

The undersigned has agreed to affiliate with the MUSC Community Training Center of the American Heart Association as a/an _____ instructor and hereby agree to comply with the guidelines set by the MUSC Community Training Center and the American Heart Association.

It is my responsibility to notify the Community Training Center of any course(s) taught for any other Training Center in the state of South Carolina and I will submit copies of rosters from such courses in order to get credit for that course from my Training Center. I agree to the following: earn 4 credits in a two (2) year period, attend updates as directed by the Training Center and the American Heart Association, and be monitored teaching before instructor status expiration in order to maintain my instructor status.

I understand that no personal professional liability insurance coverage is provided by my membership with the MUSC Community Training Center. I understand that I am solely responsible for any damages arising from classes I conduct. I agree to hold blameless the MUSC Community Training Center from any responsibility other than providing cards as necessary.

I will notify the MUSC Community Training Center thirty days prior to changing Training Centers so that the proper paperwork and files may be processed and subsequently sent to the receiving Training Center.

Signed this _____ day of _____, 20_____.

PRINT NAME

HOME PHONE

SIGNATURE

BUSINESS PHONE

E—MAIL ADDRESS

MAILING ADDRESS

PLEASE NOTIFY US OF ANY ADDRESS CHANGES SO WE CAN MAKE SURE YOU RECEIVE ALL INSTRUCTOR UPDATE MATERIAL.

PLEASE ENCLOSE A COPY OF YOUR CURRENT INSTRUCTOR CARD.