MILITARY TRAINING NETWORK
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES SOUTHERN REGOIN
2787 Winfield Scott Road, Bldg. 2398
JBSA Fort Sam Houston, TX 78234

2015 AHA CPR & ECC Guidelines Approval to Teach Request

This document confirms implementation of the 2015 AHA Update, utilizing the Interim Training Materials and Resources.

Directions: Upon completion of this form, submit to your MTN Program Manager in order to receive permission to teach the 2015 AHA Guidelines.

Instructor Update Resources

1. 2015 Science Update: there is a separate Science Update for instructors in each discipline (ACLS, BLS, HS, and PALS). The Online AHA Guidelines Instructor Update is one approved method for AHA Instructors to complete their required science updates. The secondary option is attendance at one of the two AHA 2015 Conferences Updates held on 6 Nov in Chicago or 8 Dec in San Diego.
2. 2015 AHA Guidelines for CPR and ECC
3. 2015 Guidelines Highlights
4. 2015 Handbook of Emergency Cardiovascular Care for Healthcare Providers
5. Interim Training Materials and Tools

The interim training materials and tools consist of:

1. Lesson Map modifications for the current courses using AHA resources
2. Videos and skills sheet resources: (posted on the AHA Instructor Network)
3. The written exam will be provided by MTN upon receipt of this memorandum
4. A comparison sheet for the provider manual providing a quick reference for students to the new science contrasted with the 2015 guidelines.

I verify:

1. That my respective MTN/AHA training program conforms to the 2015 AHA Guidelines.
2. That I have the above resources, interim materials and tools on hand.
3. All TSFs and at least 75% of instructors have completed an official AHA 2015 AHA Guidelines Instructor Update **NLT 30 April 2016**. Note: PD must have completed the mandatory update.
    a. Attach Instructor list documenting the science update completion date
    b. Total number of TSF and instructors: _____
    c. Total number completed 2015 updates: _____
4. Certificate of completion is on file in the instructor folder.

_____ _____ _____

Program Director signature *Print name* *Date*

_____ BLS ACLS PALS

Training Site **Circle one*

**Submit a separate form for each program.*