

## Corrections: July/August 2004

Program Administration Manual

[AHA product number 70-2292, originally published 5/04]

Location	Incorrect Text	Replace With Correct Text
Page 69, under “TC Documents,” last em-dash bullet	— Management of Instructor communications and updates	— Management of Instructor communications and updates — Card maintenance and issuance
Page 90, 2 <sup>nd</sup> paragraph, line 5	or calling 214-706-1595	or calling 214-706-1838
Appendix C, 1 <sup>st</sup> page, 2 <sup>nd</sup> line under “Instructor/Training Center Faculty Forms”	Instructor Course Completion Notice to Primary TC Instructor Records Transfer Request	Instructor Course Completion Notice to Primary TC Instructor Monitor Form Instructor Records Transfer Request [Insert “Instructor Monitor Form”]
Appendix C, “Heartsaver AED Course Roster Form,” page 1, under “Course Information”	<input type="checkbox"/> New Course <input type="checkbox"/> Renewal Course	[delete]
Appendix C, “Heartsaver CPR Course Roster Form,” page 1, under “Course Information”	<input type="checkbox"/> New Course <input type="checkbox"/> Renewal Course	[delete]
Appendix C, “Heartsaver First Aid Course Roster Form,” page 1, under “Course Information”	<input type="checkbox"/> New Course <input type="checkbox"/> Renewal Course	[delete]
Appendix C, “Basic Life Support for Healthcare Provider Course Roster Form,” page 1, top right column, line 2	Status: <input type="checkbox"/> BLS Instr. <input type="checkbox"/> HS Instr. <input type="checkbox"/> BLS TCF/RF	Status: <input type="checkbox"/> BLS Instr. <input type="checkbox"/> HS Instr. <input type="checkbox"/> BLS TCF/RF
Appendix C, Advanced Cardiovascular Life Support and Pediatric Advanced Life Support Course Roster Form, page 1, 3 <sup>rd</sup> column of text box	Total hours of Instruction____  TC Use: Issue Date of cards____	Total hours of Instruction____  [delete line]
Appendix C, “Instructor Candidate Application,” line 8	Type of Instructor Course: <input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS	Type of Instructor Course: <input type="checkbox"/> HS <input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS
Appendix C, “Instructor Course Completion Notice to Primary TC,” line 7	Discipline: <input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS	Discipline: <input type="checkbox"/> HS <input type="checkbox"/> BLS <input type="checkbox"/> ACLS

Location	Incorrect Text	Replace With Correct Text
		<input type="checkbox"/> PALS
Appendix C, after “Instructor Course Completion Notice to Primary TC”		[add “Instructor Monitor Form” after this form]
Appendix C, “Instructor/TCF Renewal Checklist,” line 10	Discipline: <input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS	Discipline: <input type="checkbox"/> HS <input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS
Appendix C, “Instructor/TCF Renewal Checklist,” under line 15	Provider examination completed with a score of 84% or higher...Date _____	Provider examination completed with a score of 84% or higher...Date _____  Instructor exam completed with a score of 84% or higher...Date _____
Appendix C, “Instructor/TCF Teaching Activity Notice to Primary TC,” line 13	Discipline: <input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS	Discipline: <input type="checkbox"/> HS <input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS
Appendix D, “Program for TC Monitoring/Mentoring Process: Guidelines for Implementation,” page 3, under “4.0 TC Administrative Review,” 2 <sup>nd</sup> bullet	AHA staff sends <i>TC</i> the most current paperwork	AHA staff sends <i>RF</i> the most current paperwork
Appendix D, “Training Center—Course Monitoring Review,” page 7, under “7.1” item d.	d. Documentation that infection control guidelines are met	[delete entire row with d and renumber e through g]
Appendix D, “Training Center—Administrative Review,” form, page 7, bottom of page, “Reviewer Tabulation,” 3 columns on right	___ of 20 ___ of 20 ___ of 20	___ of 19 ___ of 19 ___ of 19
Appendix D, “Training Center—Administrative Review” form, page 8, top of page, items h through k	[items h through k]	[renumber to “g through j”]
Appendix D, “Training Center—Administrative Review” form, page 8, middle of page, “Reviewer	___ of 45 ___ of 45 ___ of 45	___ of 44 ___ of 44 ___ of 44

Location	Incorrect Text	Replace With Correct Text
Tabulation,” 3 columns on the right		
Appendix D, “Training Center—Administrative Review” form, page 9, 4 <sup>th</sup> row from top, item h	h. Instructor Monitoring Form every two years for renewal instructors and within 90 days	h. Instructor Monitoring Form every two years for renewal instructors and within 1 year
Appendix D, “Training Center—Administrative Review” form, page 11, Table at bottom of page, “TRAINING CENTER SCORING,” row “Section II” 3 columns marked “BLS,” “ACLS,” and “PALS”	___ of 45 = ___ % ___ of 45 = ___ % ___ of 45 = ___ %	___ of 44 = ___ % ___ of 44 = ___ % ___ of 44 = ___ %
Appendix D, “Training Center—Administrative Self-Review” form, page 6, under 7.1, row 4	d. Documentation that infection control guidelines are met	[delete entire row with d and renumber e through k]
Appendix D, “Training Center—Administrative Self-Review,” form, page 6, bottom of page, “Reviewer Tabulation,” 3 columns on right	___ of 20 ___ of 20 ___ of 20	___ of 19 ___ of 19 ___ of 19
Appendix D, “Training Center—Administrative Self-Review” form, page 7, top of page, “Reviewer Tabulation,” 3 columns on the right	___ of 45 ___ of 45 ___ of 45	___ of 44 ___ of 44 ___ of 44
Appendix D, “Training Center—Administrative Self-Review” form, page 9, Table at bottom of page, “TRAINING CENTER SCORING,” row “Section II” 3 columns marked “BLS,” “ACLS,” and “PALS”	___ of 45 = ___ % ___ of 45 = ___ % ___ of 45 = ___ %	___ of 44 = ___ % ___ of 44 = ___ % ___ of 44 = ___ %