



**Cardio
Partners**



INSTRUCTOR AGREEMENT

Instructor name: _____

Instructor email: _____ instructor cell: _____

Instructor Level:

☐ Heartsaver ☐ BLS ☐ ACLS ☐ PALS ☐ PEARS ☐ EP ACLS

I wish to join the Instructor Network of Allied 100, LLC (TC ID: WI20877) recognized National Training Center for the American Heart Association with approval in all 50 states. I understand and agree to abide by the following rules as established by Allied 100, LLC in compliance with the standards set forth by the AHA.

1. I understand as an AHA Instructor I must teach the curriculum established by AHA in its entirety.
2. I accept that Allied 100, LLC may revoke my affiliation if AHA standards, guidelines, and policies are not upheld.
3. I will complete rosters in Enrollware within 48 hours of the completion of the course.
4. I am responsible for costs for certification cards and am responsible for any errors that result in a lost card.
5. I will not solicit my own services to clients of Allied 100, LLC, Cardio Partners, AED.com, AED Superstore, Annuvia, or any other subsidiary of Allied 100, LLC. I will notify Allied 100, LLC of additional training requests.
6. I will not solicit AED and related products to clients of Allied 100, LLC, Cardio Partners, AED.com, AED Superstore, Annuvia, or any other subsidiary of Allied 100, LLC. I will notify Allied 100, LLC of any client product requests.
7. In the event of a change of address, phone number, email address or any other pertinent personal information I will update this in Enrollware and email the Allied 100, LLC Training Department.
8. I will maintain and keep record of current certification
9. I will teach a minimum of 4 classes every 2 year certification cycle
10. I understand that Allied 100, LLC reserves the right to terminate instructor affiliation with the Training Center in the event of failure to honor the above listed items.

Instructor Signature _____ Date _____