

**PIEDMONT TECHNICAL COLLEGE (PTC)**  
313 North Emerald Road  
Greenwood, SC 29646  
Deborah Hoffman-Training Center Coordinator  
Telephone Number (864)941-8426 FAX Number (864)941-8360

**PTC Training Center Instructor Agreement**

The undersigned has agreed to affiliate with PTC's Training Center of the American Heart Association as a \_\_\_\_\_ instructor and hereby agrees to comply with the guidelines set by the PTC Training Center and the American Heart Association.

It is my responsibility to notify PTC of any course(s) taught for any other Training Centers 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 teach 4 courses in two (2) years as required by the American Heart Association in order to maintain my instructor status.

I will notify PTC Training Center Coordinator 10-15 days prior to teaching any course(s) on my own outside of my workplace. I further understand that no personal professional liability insurance coverage is provided by my membership with PTC Training Center. I understand that I am solely responsible for any damages arising from classes I conduct. I agree to hold blameless PTC Training Center from any responsibility other than providing cards/materials as necessary.

In accordance with the AHA policies, I will notify PTC Training Center Coordinator thirty (30) 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 MATERIALS.**

**PLEASE ENCLOSE A COPY OF YOUR CURRENT INSTRUCTOR CARD**