



**American Heart Association Emergency Cardiovascular Care Programs
Instructor Candidate Application**

Instructions: To be completed by the instructor candidate with appropriate signatures. Please complete 1 application for *each* discipline.

Name (with credentials): William Tyler Renje

Mailing address: 2010 Nichols Landing Way
Dacula, GA 30019

Phone: 678-982-3044 Fax: _____

Email: William.Renje@gmail.com

Type of instructor course: ☒ HS ☒ BLS ☐ ACLS ☐ PALS

Recommended renewal date of provider card in discipline in which candidate is seeking instructor status: 4/16/2016

Instructor Commitment: As an AHA Instructor, I agree to teach at least 4 courses in 2 years in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

[Signature] 4/16/16
Signature of Instructor Candidate Date

TC Alignment: I approve this application and grant alignment with this Training Center for this applicant. I agree to all responsibilities for this instructor as outlined in this manual.

Name of Training Center: _____

Training Center ID#: _____

Signature of TC Coordinator: _____ Date: _____

Verification of Instructor Potential: I verify that this instructor candidate has achieved a score of 84% or higher on the provider written examination in the discipline for which he or she is applying and has completed *at least 1* of the following options:

- ☒ Has been identified as having instructor potential during performance in a provider course
- ☒ Has demonstrated instructor potential during a screening evaluation
- ☒ Has demonstrated exemplary performance of provider skills under my direct observation

[Signature] 4/16/14
Signature of TCF/Course Director (circle appropriate title) Date



Instructor Affiliation Agreement

Name: William Tyler Renje

Street/City/Zip: 2010 Nichols Landing Way
Dacula, GA 30019

Home Phone Number: 678-982-3044

Work Phone Number: - - -

Cell Phone Number: 678-982-3044

Email Address: William.Renje@gmail.com

Occupation: Registered RN

Employer: Eastside medical center

Level of American Heart Association Certification

- | | |
|---|--|
| <input checked="" type="checkbox"/> BLS Heartsaver Instructor | <input checked="" type="checkbox"/> BLS Instructor |
| <input checked="" type="checkbox"/> BLS Heartsaver First Aid Instructor | <input type="checkbox"/> ACLS Instructor |
| <input type="checkbox"/> PALS Instructor | |

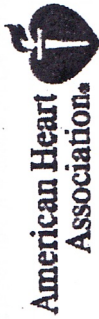
Please include copies of all of you American Heart Association cards.

I William Tyler Renje - do hereby agree to follow the requirements of the American Heart Association and Gwinnett Technical College. I am requesting affiliation with Gwinnett Technical College Community Training Center.

Signature: [Signature] Date: 9/16/16

Please mail this form to:
Gwinnett Technical College
Community Training Center
5150 Sugarloaf Parkway
Lawrenceville, GA 30043

678-226-6254
cschnautz@gwinnettech.edu
www.gwinnettech.edu



Fighting Heart Disease and Stroke

BLS and Heartsaver



American Heart Association Emergency Cardiovascular Care Program Course Roster

Note: Please fill out roster completely to avoid any delay in processing the information.

- ☐ BLS Healthcare Provider ☐ Initial ☐ Renewal
☒ BLS Healthcare Instructor ☒ Initial ☐ Renewal
☐ HS CPR AED ☐ Initial ☐ Renewal
☐ HS First Aid ☐ Initial ☐ Renewal
☐ HS First Aid CPR AED ☐ Initial ☐ Renewal
☐ HS CPR Family and Friends ☐ Initial ☐ Renewal

Instructors Name: David Scott
Instructors Address: 4067 Signal Ridge Lilburn
Phone Number: (678) 414-0288
Cards will only be mailed to Instructor.

Lead Instructor: David Scott

Training Center Name: Gwinnett Technical College CTC

5150 Sugarloaf Pkwy
Lawrenceville, GA 30043
678-226-6254

Manikins Decontaminated by: _____

Course Start Date/Time: 2A
Course End Date/Time: 4P
Total Hours of Instruction: 9

Training Site: Eastside Snellville

Assisting Instructors/Specialty Faculty

1.	4.
2.	5.
3.	6.

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Signature of Course Director/Lead Instructor: David Scott

Date: 4/16/2014

Date Rec. _____ Amount Rec. _____

Payment Type: Cash _____ Check # _____
Credit Card _____ Visa _____ MasterCard _____ Amex _____ Discover _____

Credit Card #: _____ Expiration: _____
Name on Card: _____ Signature: _____

PLEASE PRINT CLEARLY

****Note:** Please print legibly to avoid any delay in processing the information. **

Date 4/16/14 Course BLS HCP Instructor Instructor David Scott

Course Participants:

Please PRINT your name as you wish it to appear on your card	Address	Phone	First-Time Student**	Examination Score	Remediation Provided/ Date Completed	Course Completed	Date Card Issued
1. William Tyler Renie	2010 Nichols Landing Way Dacula GA 30019	678-982-3044	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	P	/	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
2. Jasmine Nesbeth - MOSE	855 Common Oak Lawrenceville GA	678-908-9695	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	P	/	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
3. Charmaine Roberts	905 Tree Creek Pkwy Lawrenceville GA 30043	770-212-9125	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	P	/	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
4. YVA GAUTHIER	1620 Turkey Hill Lane Grayson GA 30017		<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	P	/	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Linda Weaver	4057 Granite Falls Lane Lawrenceville GA 30052	678-249-8121	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	P	/	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
6.			<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N			<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
7.			<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N			<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8.			<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N			<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
9.			<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N			<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
10.			<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N			<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	

** Student taking this AHA course for the first time

Check Which Applies: ROSTER TO BE FILED ROSTER TO BE PRINTED

PLEASE PRINT CLEARLY

INSTRUCTOR Vicki Huff

COURSE CPR

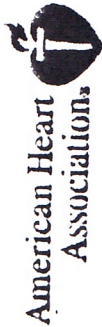
DATE 04/21/14

Course Participants

Please PRINT your name as you wish
it to appear on your card

Course Participants	Address	Phone	First-Time Student*	Examination Score (Optional)	Remediation Provided/Date Completed	Course Completed	Date Card Issued
1. B. Jill Young Please <u>PRINT</u> your name as you wish it to appear on your card	3023 Wabash Ct Lawrence, GA 30244 2025 FARMER DA DAWSON GA 30340 2085 Maple Park Lawrence, GA 30041	208-368- 4111 (404) 351-0524 608-6117- 8582	(N) (N) (N) (N)			Y N	
2. Susan M. Raudenbush	3818 29th Trl Lawrence, GA 30052 2987 29th Trl Lawrence, GA 30052	404-368- 4111 608-6117- 8582	(N) (N) (N) (N)			Y N	
3. Melanie Coxwell	3818 29th Trl Lawrence, GA 30052 2987 29th Trl Lawrence, GA 30052	404-368- 4111 608-6117- 8582	(N) (N) (N) (N)			Y N	
4. Muquitha Thompson	3818 29th Trl Lawrence, GA 30052 2987 29th Trl Lawrence, GA 30052	404-368- 4111 608-6117- 8582	(N) (N) (N) (N)			Y N	
5. MISBAH AWAN	3818 29th Trl Lawrence, GA 30052 2987 29th Trl Lawrence, GA 30052	404-368- 4111 608-6117- 8582	(N) (N) (N) (N)			Y N	
6. Connie Keeton	3818 29th Trl Lawrence, GA 30052 2987 29th Trl Lawrence, GA 30052	404-368- 4111 608-6117- 8582	(N) (N) (N) (N)			Y N	
7. Adora Keekuu	3818 29th Trl Lawrence, GA 30052 2987 29th Trl Lawrence, GA 30052	404-368- 4111 608-6117- 8582	(N) (N) (N) (N)			Y N	
8. Jim Rafferty	3818 29th Trl Lawrence, GA 30052 2987 29th Trl Lawrence, GA 30052	404-368- 4111 608-6117- 8582	(N) (N) (N) (N)			Y N	
9. Jerri Amason	3818 29th Trl Lawrence, GA 30052 2987 29th Trl Lawrence, GA 30052	404-368- 4111 608-6117- 8582	(N) (N) (N) (N)			Y N	
10. ANETA HOSKYN	3818 29th Trl Lawrence, GA 30052 2987 29th Trl Lawrence, GA 30052	404-368- 4111 608-6117- 8582	(N) (N) (N) (N)			Y N	

* Student taking this AHA course for the first time.



American Heart Association

Fighting Heart Disease and Stroke

American Heart Association Emergency Cardiovascular Care Program Course Roster

<input checked="" type="checkbox"/> BLS Healthcare Provider	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> BLS HCP Fundamentals	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> HS CPR Family and Friends	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> HS CPR in Schools	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> HS AED	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> Adult CPR-AED	<input type="checkbox"/> Child CPR-AED	<input type="checkbox"/> Infant CPR
<input type="checkbox"/> HS CPR	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> Adult	<input type="checkbox"/> Child	<input type="checkbox"/> Infant
<input type="checkbox"/> HS First Aid	<input type="checkbox"/> Adult CPR-AED	<input type="checkbox"/> Environmental
<input type="checkbox"/> Child CPR	<input type="checkbox"/> Child CPR-AED	<input type="checkbox"/> Environmental
<input type="checkbox"/> BLS Healthcare Instructor	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> BLS Heartsaver Instructor	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> BLS HS First Aid Instructor	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> ACLS Provider	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> ACLS Instructor	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> ACLS EP Provider	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> ACLS EP Instructor	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> PALS Provider	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
<input type="checkbox"/> PALS Instructor	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal

Training Center Name Gwinnett Technical College CTC 5150 Sugarloaf Pkwy
678-226-6254
Lawrenceville, GA 30043

Training Site Eastside Medical

Instructor and Instructor's Address and Phone # Snellville, GA

Cards will only be mailed to Instructor _____

Course Director _____

Lead Instructor Vicki Huff

☐ Current AHA PALS/ACLS Physician Instructor Available For ACLS and PALS classes

Physician Name _____

Manikins Decontaminated by _____

Course Start Date/ Time	<u>4/21 8A</u>	Course End Date/Time	<u>4/21 10P</u>	Total Hours of Instruction	<u>4</u>
Assisting Instructors/Specialty Faculty					
Name of Inst.	Training Center Affiliation		Name of Inst.		
1. <u>David Scott</u>	<u>GwinnettTech</u>		4. _____		
2. <u>William Tyler Rege</u>	<u>Eastside Medical (monitored)</u>		5. _____		
3. _____	_____		6. _____		
I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.					
Signature of Course Director/Lead Instructor <u>Vicki Huff</u> Date <u>4-21-14</u>					
Date Rec. _____	Payment Type: Cash	Check # _____	Credit Card	Amount Received _____	

American Heart Association Emergency Cardiovascular Care Programs Instructor Monitoring Tool

Name of Instructor or Instructor Candidate: William Tyler Reyle

Instructor ID#: 04140242761

Type of Course Monitored: ☒ Heartsaver® ☒ BLS ☐ ACLS ☐ ACLS EP ☐ PALS ☐ PEARS®

Instructions: Training Center Faculty (TCF) will use this form to assess the competencies of instructor candidates and renewing instructors. For each competency, there are several indicators or behaviors that the instructor may exhibit to demonstrate competency.

Key:

Successful = Observed successful demonstration of this behavior

Needs Remediation = Observed the instructor fail to effectively or consistently demonstrate behavior

Bold Items = Must be successfully demonstrated during monitoring

Nonbold Items = Marked if observed during monitoring

Shaded Items = Best assessed by TC Coordinator or others outside the course monitoring

AHA Instructor Competencies and Indicators		
1. ECC/AHA Cognitive and Psychomotor Skills		
Definition (Goal): Maintains proficiency in provider-level cognitive and psychomotor skills; fulfills requirements for initial or renewal instructor certification	Successful	Needs Remediation
a. Demonstrates proficiency in provider-level skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Teaches at least the minimum number of classes per cycle	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Is aligned on the Instructor Network	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Completes the required provider and instructor updates	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Achieves satisfactory rating during instructor monitoring	Overall recommendation at end of form	
2. Course Delivery		
Definition (Goal): Presents AHA course content as intended by using AHA course curricula and materials	Successful	Needs Remediation
a. Delivers content that is consistent with Lesson Maps and agenda	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Uses videos, checklists, equipment, and other tools as directed in the Instructor Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Allows adequate time for content delivery, skills practice, and debriefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Promotes retention by reinforcing key points	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Delivers course in a safe and nonthreatening manner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Uses student and Faculty feedback to improve teaching performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Provides precourse instructions and resources to students before the course	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Ensures equipment is in working order and available in sufficient quantity as recommended	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Relates course material to practical events	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Effectively operates technology used in the course	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Adapts terminology appropriate to location, audience, and culture	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Accommodates students who have disabilities and other special needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. Provides timely and appropriate feedback to students	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n. Uses principles of effective team dynamics during small group activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o. Secures and protects testing materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p. Decontaminates/cleans equipment according to the manufacturer's instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Testing and Remediation Definition (Goal): Measures students' skills and knowledge against performance guidelines and provides remediation when needed to consolidate learning	Successful	Needs Remediation
a. Tests students by using AHA course materials according to instructions in the Instructor Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Provides feedback to students in a private and confidential manner (observation and review of students' course evaluation forms)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Remediates by directing students to reference material and by providing additional practice opportunities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Retests students when indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Facilitates debriefings after scenarios to improve individual and team performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Professionalism Definition (Goal): Maintains a high standard of ethics and professionalism when representing the AHA	Successful	Needs Remediation
a. Endorses the ECC Leadership Code of Conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Acknowledges the AHA Statement of Conflict of Interest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates professional behavior in physical presentation and teaching, including enthusiasm, honesty, integrity, commitment, compassion, and respect	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Follows HIPAA, FERPA, and/or local guidelines maintaining confidentiality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Recognizes and appropriately responds to ethical issues encountered in training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Appropriately manages conflicts of interest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Maintains student confidentiality when appropriate (observation and review of students' course evaluation forms)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Program Administration Definition (Goal): Successfully manages available resources, including time, materials, space, and budget, to deliver high quality training in accordance with AHA guidelines	Successful	Needs Remediation
a. Completes postcourse records, including an accurate roster, grade report, and summary evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Complies with the current, appropriate version of the <i>Program Administration Manual</i> (PAM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Ensures that AHA course completion cards are issued in a timely manner	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Recommend Instructor Status: ☒ Yes ☐ No

Date:

4/21/14

TCF Name:

David Scott

TCF Signature:

D Scott

#100-2135

Sumner

Healthcare Provider



William Renje

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

3-18-2014

3-2016

Issue Date

Recommended Renewal Date

HEALTHCARE PROVIDER

Training
Center Name ERTSS

TC ID #
GA15206

TC
Info CITY Fayetteville GA 30214

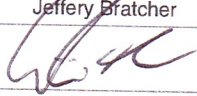
TC
770-716-1404

Course
Location Georgia Medical Academy, LLC

Instructor
Name Jeffery Bratcher

Inst. ID #
05101836828

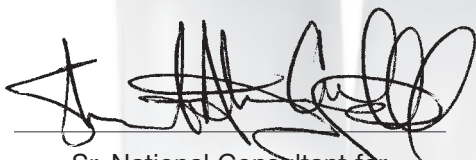
Holder's
Signature



Certificate

WILLIAM RENJE

**has successfully completed the
American Heart Association
BLS Instructor Essentials.**



Sr. National Consultant for
Education and Implementation

March 31, 2014

Date Completed



My Dashboard

Alerts

You indicated that you want to be included in the Instructor Search, but you have not entered your Instructor course completions. [Update your course completions](#) to be included in the Instructor Search.

INbox (0 unread message)



WILLIAM RENJE

role: **Facilitator**

email:

WILLIAM.RENJE@GMAIL.COM

[Edit my profile](#)

Your ID: 04140242761

Your Disciplines

Primary BLS Instructor **Pending**

Gwinnett Technical College

(GA00589)

5150 Sugarloaf Pkwy

Lawrenceville, GA 30043-5702

(678) 226-6254

Facilitators

Family & Friends

Heartsaver Bloodborne Pathogens

TRAINING CENTRAL

About Us

Our mission is to build healthier lives, free of cardiovascular diseases and stroke. That single purpose drives all we do. The need for our work is beyond question. [More](#)



Our Causes

[Go Red For Women](#)

[Go Red Por Tu Corazón](#)

[My Heart My Life](#)

[Power To End Stroke](#)

The Warning Signs

[Heart and Stroke Encyclopedia](#)

[Volunteer](#)

Our Sites

[American Heart Association](#)

[American Stroke Association](#)

[My Life Check](#)

[Heart360](#)

[Everyday Choices](#)

[My.AmericanHeart for Professionals](#)

[Scientific Sessions](#)

[Stroke Conference](#)

[You're The Cure](#)

[Global Programs](#)

[Shop Heart](#)

[CEO Nancy Brown](#)

Contact Us

Address

7272 Greenville Ave.

Dallas, TX 75231

Customer Service

877-242-4277, option 4

8 a.m. to 5 p.m. CT, Monday-Friday

ahainstructornetwork@heart.org