

### **Florida SouthWestern State College American Heart Association Training Center**

### **Training Agreement for Scheduled Course Delivery**

This Agreement is made and entered into by and between:

**Florida SouthWestern State College ("FSW")
Office of Corporate & Community Education
8099 College Parkway, Fort Myers, FL 33919**

**Email:** **Aha@fsw.edu**

**Phone: (239) 489-9105**

And

**[Corporate Partner Name] ("Partner")
[Corporate Partner Address]
Point of Contact: [INSERT]**

**Email: [INSERT]**

**Phone: [INSERT]**

### **Purpose**

FSW, as an authorized American Heart Association (AHA) Training Site, agrees to provide a scheduled AHA-approved training course to the Partner’s employees or participants. This agreement outlines the terms of service, responsibilities, and cost structure for the delivery of the training and issuance of AHA eCards.

### **Scheduled Training Details**

* Course Title: **[****INSERT e.g., Basic Life Support (BLS) for Healthcare Providers]**
* Course Date: **[INSERT]**
* Course Time: **[INSERT]**
* Course Location: **[INSERT Partner address OR FSW location]**
* Number of Participants (Estimated): **[INSERT]**
* Instructor(s) Provided By: Florida SouthWestern State College: **[INSERT]**

### **Services Provided by FSW**

FSW will:

* Deliver the scheduled AHA-compliant training course at the agreed-upon date and time.
* Provide AHA instructors for the course.
* Supply all required AHA instructional materials, equipment, and practice tools.
* Issue AHA eCards to all participants who successfully complete course requirements.
* Ensure compliance with AHA regulations and policies related to course delivery, monitoring, and documentation.

### **Responsibilities of the Partner**

The Partner will:

* Confirm the final participant list at least one week prior to training.
* Ensure that all participants meet any applicable course prerequisites (e.g., completion of online modules, pre-tests).
* Provide an appropriate training room and audiovisual setup if course is held at the Partner.
* Remit payment for training and AHA cards as specified below.
* Ensure timely access to the training space for setup and breakdown.

### **Cost Structure and Payment Terms**

|  |  |
| --- | --- |
| **Service** | **Cost** |
| Course Delivery Fee | **$[INSERT]** |
| AHA eCard – **[COURSE TYPE]** | **$[INSERT] per card** |
| Instructor Fee (if applicable) | **$[INSERT] per hour** |
| Travel/Setup Fee (if applicable) | **$[INSERT]** |

**Total Cost:** **$[INSERT Total]** **Payment is due upon signing of this agreement**. A supplemental invoice will be issued if actual attendance and card issuance differs from the above costs.

### **Card Issuance and Recordkeeping**

AHA eCards will be issued within 5 business days of course completion, provided that participant rosters are complete and payment has been confirmed. FSW maintains records per AHA guidelines. The Partner is responsible for ensuring participant information is accurate.

### **Compliance and Oversight**

FSW will maintain compliance with all American Heart Association requirements. The Partner agrees to cooperate in any audit, site evaluation, or course monitoring activities required by the AHA or FSW.

### **Termination Clause**

Either party may cancel the scheduled training up to **10 business days prior** to the event with no penalty. Cancellations within **10 business days** **are subject to a 50% cancellation charge** to cover instructor scheduling and administrative costs.

### **Indemnification and Insurance**

The Partner agrees to hold FSW harmless from any claims or damages arising from training. Partner further attests it carries general liability and workers’ compensation which covers its employees for injuries, property damage, and liability and will provide its current certificate of insurance to FSW upon request. FSW maintains general and professional liability and workers’ compensation coverage for its instructors and operations.

### **Miscellaneous**

This Agreement represents the full understanding between the parties for the specific training event referenced above. Any amendments must be in writing and signed by both parties.

### **Signatures**

**Florida SouthWestern State College**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Jason Dudley

VP Business Affairs & Technology

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Corporate Partner Name]**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_