



## Intent To Teach

The Intent to Teach Start the process of a class you as instructor is Intending to Teach.

When an Intent Teach is Entered into the UTCM the Training Site Coordinator and the Training Center Coordinator will Receive an Email About your class.

Five (5) Step process

Step 1

Verify that the Information is Correct and Click Confirm

Instructor Info    Course Name    Course Type    Course Location    Verification

**INTENT TO TEACH**  
Please Verify all Information below is Correct.  
If All Information is Correct Please Click Confirm.  
If The Information is Not Correct Please Click Update

Instructor First Name	William
Instructor Last Name	Gainey
Instructor Email	edu@sectc.net
Instructor Daytime Phone	(334) 237-2623 Example: 334-797-4956

Click Here to **CONFIRM**    Click Here to **UPDATE**

Click Here to **START OVER**

If information is incorrect click Update. To correct the information

Step 2

Please Select the Correct Course in


Please Select the Appropriate Class Name Below

COURSE TYPE	
Healthcare Courses	
Basic Life Support Healthcare Provider	Basic Life Support Instructor
HeartSaver Courses	
Heartsaver CPR/AED	Heartsaver Instructor
HS Pediatric First Aid	
HeartSaver First Aid	
Heartsaver First Aid	Heartsaver First Aid with CPR/AED
Advance Life Support Course (ACLS)	
ACLS Provider	ACLS Instructor
Pediatric Life Support Courses (PALS)	
Pediatric Advance Life Support Provider	Pediatric Life Support Instructor
Pediatric Emergency Assessment, Recognition and Stabilization (PEARS)	
PEARS Provider	

### Step 3

Here You will Select the Topic and Course Type

Please Select the Appropriate Topics Below and Click Continue



**HEALTHCARE PROVIDER**  
Healthcare Provider  
American Heart Association

This card certifies that the above individual has successfully completed the required and other education requirements with the endorsement of the American Heart Association BLS for Healthcare Providers (BLS and AED) Program.

Issue Date: \_\_\_\_\_ Recommended Renewal Date: \_\_\_\_\_

- BLS HCP Initial
- BLS HCP Renewal
- BLS HCP Online

[Click Here to CONTINUE](#)

### Step 4

Here You Will Enter Course Information

If you would like for Class to be Placed on Your Calendar **Click Open to Public**

**COURSE INFORMATION**  
Please Enter The Course Information Below

Course Location:   
(Example: Name of Company, School, Training Site, etc)

Physical Address:   
(Example: 4800 Rucker Blvd # 22)

City:   
(Example: Enterprise)

State:

Zip Code:   
(Example: 36330)

Class Date/Time:   
(Example: 07/24/2008)

Number Of Students Expected:

This Class is Open To The Public:  Will be Posted on your Event Calendar

Continue When All Information is Correct

[Click Here to CONTINUE](#)

[Click Here to](#)

When all Information is Correct Click the Continue

**COURSE INFORMATION**

Please Enter The Course Information Below

Course Location: Sectc  
(Example: Name of Company, School, Training Site, etc)

Physical Address: 611 Jones RD  
(Example: 4800 Rucker Blvd # 22)

City: Newton  
(Example: Enterprise)

State: Alabama (AL)

Zip Code: 36352  
(Example: 36330)

Class Date/Time: 04/30/2015 12:00 am  
(Example: 07/24/2008)

Number Of Students Expected: 6

This Class is Open To The Public:  Will be Posted on your Event Calendar

Continue When All Information is Correct

[Click Here to CONTINUE](#)

[Click Here to](#)

Step 5

If any Information is incorrect click the **Start Over**

**Please Verify All Information Is Correct.  
If Any Information Is Incorrect Please Click Start Over.**

Instructor Name:William G. Gainey

Instructor Email:edu@sectc.net

Training Center:SECTC

Instructor Daytime Phone:(334) 237-2623

Course Type:Healthcare Courses BLS HCP Initial

Class Location:sectc

Address:611 Jones RD

City:Newton

State:AL

Zip Code:36352

Class Date/Time:04/30/2015 12:00 am

Open To The Public:Yes

Number Of Students Expected:6



If the Information is correct click the **Finish**

**Please Verify All Information Is Correct.  
If Any Information Is Incorrect Please Click Start Over.**

Instructor Name:William G. Gainey

Instructor Email:edu@sectc.net

Training Center:SECTC

Instructor Daytime Phone:(334) 237-2623

Course Type:Healthcare Courses BLS HCP Initial

Class Location:sectc

Address:611 Jones RD

City:Newton

State:AL

Zip Code:36352

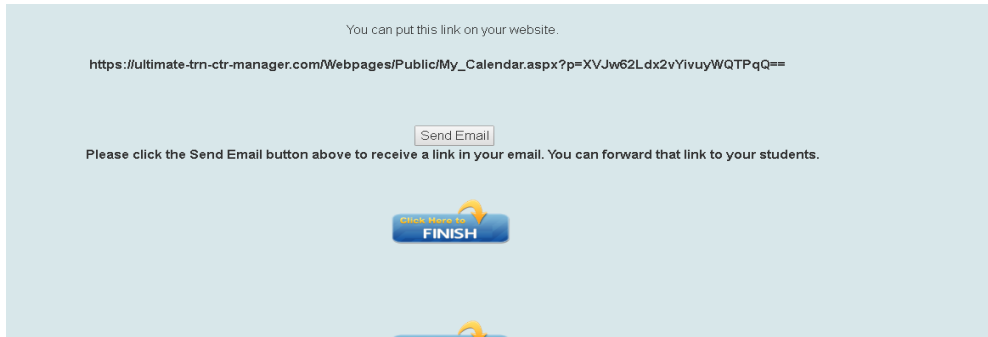
Class Date/Time:05/21/2016 01:00 pm

Open To The Public:Yes

Number Of Students Expected:1



This Step will Only Appear if the Course is Open to Public  
**Note:** This Was Selected on the Course Location Page.



There are Two (2) features on This Page.

1. You will See an Encrypted Hyperlink  
You Can Use to Place On Your Web Site.

*Note: If you need a web site [Click Here](#)  
We Will get You Information and The Cost  
(About \$20.00 a Month)*

2. You will See a Send Email Button.  
If You Click on It will send you an email with a  
Encrypted Hyperlink and a Click Here.

*Note: You can Edit the Email and Forward to Potential Students*

This Has Completed the Tutorial PDF for Entering  
the Intent to Teach

