AREU
Sistema Socio Sanitario
Regione Lombardia

DELIBERA DEL DIRETTORE GENERALE

450 / 2025 del 11/12/2025

***Oggetto*: RINNOVO CONTRATTO AMERICAN HEART ASSOCIATION-AREU - DELEGA ALLA FIRMA**

AREU Agenzia Regionale Emergenza Urgenza
Via Alfredo Campanini, 6 - 20124 Milano | C.F. e P. IVA 11513540960
Tel 02 67129001 | Fax 02 67129002 | Mail protocollo@pec.areu.lombardia.it
www.areu.lombardia.it

OGGETTO: RINNOVO CONTRATTO AMERICAN HEART ASSOCIATION-AREU - DELEGA ALLA FIRMA

vista la seguente proposta di deliberazione avanzata dal Direttore della Struttura Complessa Formazione

IL DIRETTORE GENERALE

PREMESSO che l'Agenzia Regionale Emergenza Urgenza (AREU) è un Ente del S.S.R. disciplinato dall'art. 16 L.R. 30.12.2009 n. 33 e s.m.i. e attivato dalla DGR n. 2701/2019 e dalla DGR n. 4078/2020;

VISTA la deliberazione dell'Agenzia n. 1/2024 "PRESA D'ATTO DELLA D.G.R. N. XII/1650 DEL 21/12/2023 DETERMINAZIONI IN ORDINE ALLA DIREZIONE DELL'AGENZIA REGIONALE EMERGENZA URGENZA (AREU) – (DI CONCERTO CON L'ASSESSORE BERTOLASO)" di nomina del Dott. Massimo Lombardo a Direttore Generale dell'Agenzia Regionale Emergenza Urgenza (AREU);

DATO ATTO che:

- con provvedimento deliberativo n. 101 del 29/03/2018, è stato approvato il riconoscimento ufficiale di AREU come International Teaching Center (ITC), American Heart Association, sulla base del "International Training Agreement" sottoscritto dal Legale Rappresentante, successivamente rinnovato con provvedimento n. 188 del 15/05/2022;
- l'ITC AHA di AREU garantisce la formazione del personale del Sistema AREU, Medici e Infermieri, operante sui mezzi di soccorso avanzato, fornendo un costante aggiornamento di conoscenze e competenze, conformi alle linee guida internazionali;
- l'accordo in essere ha consentito ad AREU di realizzare attività formative rivolte al personale sanitario nell'ambito della rianimazione cardio polmonare avanzata adulto (ACLS) e pediatrico (PALS) e di formare propri istruttori;
- il contratto tra AHA e AREU ha validità triennale e che l'attuale accordo sottoscritto, attualmente in vigore, prevede come data di scadenza il 07/01/2026;
- AMERICAN HEART ASSOCIATION (AHA) ha trasmesso in data 02/10/2025 ad AREU il documento "International Training Center Renewal/Amendment Application", parte integrante del presente provvedimento, come da mail conservata agli atti;

PRESO ATTO che il documento "International Training Center Renewal/Amendment Application" deve essere compilato e sottoscritto da AREU, affinché si possa procedere con la firma del contratto, che verrà successivamente trasmesso da AHA;

DATO ATTO che il contratto che verrà sottoscritto avrà validità triennale, a decorrere dal 07/01/2026 e con scadenza 06/01/2029;

RILEVATO che il rinnovo del contratto con AHA prevede la contabilizzazione degli oneri derivanti dallo stesso nell'ambito dei Piani Formativi Aziendali per gli anni 2026, 2027 e 2028;

RITENUTO pertanto opportuno approvare il rinnovo del contratto di collaborazione con AHA e approvare l'"International Training Center Renewal/Amendment Application"

allegato, quale parte integrante e sostanziale del presente provvedimento;

CONSIDERATO che il Dott. Stefano Sironi, Direttore della SC Formazione di AREU, è anche Coordinatore dell'International Training Center di AHA, con il compito di supervisionare tutte le attività connesse alla realizzazione di eventi formativi riferiti alla collaborazione instaurata e pertanto risulta opportuno delegare lo stesso alla sottoscrizione del contratto e di tutti gli atti connessi al rinnovo;

PRESO ATTO che il Proponente del procedimento attesta la completezza, la regolarità tecnica e la legittimità del presente provvedimento;

ACQUISITI i pareri favorevoli del Direttore Amministrativo e del Direttore Sanitario, resi per quanto di specifica competenza ai sensi dell'art. 3 del D.Lgs. n. 502/1992 e s.m.i.;

DELIBERA

Per tutti i motivi in premessa indicati e integralmente richiamati:

1. di approvare, autorizzandone la sottoscrizione, il rinnovo dell'accordo di collaborazione con AMERICAN HEART ASSOCIATION (AHA) per lo svolgimento delle attività formative e dell'"International Training Center Renewal/Amendment" allegato, quale parte integrante e sostanziale del presente provvedimento;
2. di disporre che il rinnovo contrattuale produce i suoi effetti dal 07/01/2026 al 06/01/2029, con esclusione del tacito rinnovo e che tale rinnovo consente ad AREU di mantenere le attività in atto e di sviluppare i propri programmi formativi;
3. di dare atto che il rinnovo del contratto con AHA prevederà la contabilizzazione degli oneri derivanti dallo stesso, nell'ambito dei Piani Formativi Aziendali per gli anni 2026, 2027 e 2028;
4. di designare quale firmatario del contratto di rinnovo il Direttore della S.C. Formazione e Coordinatore dell'International Training Center di AHA, dott. Stefano Sironi, autorizzandolo alla sottoscrizione dell'accordo e dei documenti ad esso connessi;
5. di dare atto che, ai sensi della L. n. 241/1990, responsabile del presente procedimento è Dott. Stefano Sironi, Direttore presso la struttura Complessa Formazione di AREU;
6. di disporre che vengano rispettate tutte le prescrizioni inerenti alla pubblicazione sul portale web dell'Agenzia di tutte le informazioni e i documenti richiesti e necessari ai sensi del D.Lgs. n. 33/2013 e s.m.i., c.d. Amministrazione Trasparente;
7. di disporre la pubblicazione del presente provvedimento all'Albo Pretorio on line dell'Agenzia, dando atto che lo stesso è immediatamente esecutivo (ex art. 32 comma 5 L. n. 69/2009 s.m.i. e art. 17 comma 6 L.R. n. 33/2009).

La presente delibera è sottoscritta digitalmente, ai sensi dell'art. 21 D.Lgs. n. 82/2005 e s.m.i., da:

Il Direttore Amministrativo Andrea Albonico

Per il Direttore Sanitario Gabriele Mario Perotti come da delega acquisita agli atti dell'Agenzia Maurizio Migliari

Il Direttore Generale Massimo Lombardo

American Heart Association.

American Heart Association
International Training Center Renewal/Amendment Application

Please read and review the full application. Failure to complete this application in its entirety and supply the requested supporting documentation will delay the processing of your application. Handwritten applications will not be accepted.

This form is to be completed at the time of agreement renewal or when an International Training Center (ITC) wishes to amend their agreement. Please complete the ***entire*** application and any attachments in English.

Refer to the Program Administration Manual (PAM) International Version for questions concerning ITC operations. The PAM is accessible to Training Center Coordinators by logging into https://atlas.heart.org. If your ITC is located in a GDPR country, please contact your Regional Office for a PDF copy of the PAM.

Liability Insurance Disclosure:

The AHA requires all International Training Centers to maintain continuous general liability insurance coverage (also known as Public Liability or Third-Party Liability). The Full Legal Name of your Training Center must match the name of the Insured on your evidence of insurance. Your Evidence of Insurance must include coverage for the General Public. Your Evidence of Insurance cannot be a quote or bill, it must be proof of a current paid in full policy. If your Training Center is part of a government entity or is self-insured, please provide a self-insurance or waiver letter detailing your self-insurance plan and/or the government statute which exempts your ITC.

This Application is for the following Disciplines (*check all that apply*):	
Basic Life Support (BLS) (*recommended*)	☐Add ☐ Remove ☐Keep
Advanced Cardiac Life Support (ACLS)	☐Add ☐ Remove ☐Keep
Advanced Stroke Life Support (ASLS)	☐Add ☐ Remove ☐Keep
Neonatal Resuscitation Program (NRP)	☐Add ☐ Remove ☐Keep
Pediatric Advanced Life Support (PALS)	☐Add ☐ Remove ☐Keep
If ADDING a Discipline: I have reviewed the equipment list for each discipline, and I confirm that my ITC has all the required equipment ☐Yes ☐No	

The following supporting documents MUST accompany this application
Organizational Chart *(Include all positions with full names of people occupying each position. Must include those named as Key Members of Organization)*
Copy of Insurance Policy
Copy of Quality Assurance Plan
If Adding a New Discipline Only:
Equipment Lists and Photos
Instructor Addendum with Copies of Cards or Instructor Development Plan

Date:

Section 1: Basic Information
Full Legal Name of ITC (*required*) Click or tap here to enter text.
Initials of ITC (*if desired*) Click or tap here to enter text.
Training Center ID Number (TCID) Click or tap here to enter text.

Legal Physical Address of ITC	
Address Line 1: Click or tap here to enter text.	
Address Line 2: Click or tap here to enter text.	
City: Click or tap here to enter text.	State/Province: Click or tap here to enter text.
Postal Code: Click or tap here to enter text.	Country/Region: Click or tap here to enter text.

Mailing Address (*If different from Physical Address)*	
Address Line 1: Click or tap here to enter text.	
Address Line 2: Click or tap here to enter text.	
City: Click or tap here to enter text.	State/Province: Click or tap here to enter text.
Postal Code: Click or tap here to enter text.	Country/Region: Click or tap here to enter text.
Special Instructions: Click or tap here to enter text.	

ITC Contact Information
Phone Number with Country/Region Code Click or tap here to enter text.
Fax Number with Country/Region Code Click or tap here to enter text.
Website Address (if applicable) Click or tap here to enter text.

Training Center Coordinator (*TCC*)
Name Click or tap here to enter text.
Email Address Click or tap here to enter text.
Secondary Email Address Click or tap here to enter text.

Section 2: ITC Structure and Information
ITC is: ☐ Not For Profit ☐ For Profit
Is the ITC a Subsidiary of a larger organization? ☐ Yes ☐ No
Name of Parent Organization *(if applicable)* Click or tap here to enter text.
Establishment Date of Parent Organization Click or tap here to enter text.
Address of Parent Organization Click or tap here to enter text.
List all other locations of offices for Parent Organization or ITC Click or tap here to enter text. ☐ ITC or Parent Organization has no other locations
Is the ITC or parent organization affiliated or related in any way to any tobacco or pharmaceutical company or subsidiary? ☐ Yes ☐ No

Authorized Signer *(Person with legal authority to sign agreements with AHA)*
Full Name Click or tap here to enter text.

Job Title of Authorized Signer Click or tap here to enter text.
Email Address of Authorized Signer Click or tap here to enter text.

Key Members of Organizational Structure *(Attach Organizational Chart)*
Full Legal Name of CEO/Chairman/Owner: Click or tap here to enter text.
Full Legal Name of CFO/Financial Officer: Click or tap here to enter text.
Full Legal Name of President/Managing Director: Click or tap here to enter text.

ITC Ownership Information
Provide Ownership Information for the ITC. For Corporations, please provide the list of the Board of Directors, or Leadership Committee, and a list of the Officers. List the Owners and include the following information – Name, title, address, and percentage of ownership. *This can be a separate attachment*. Click or tap here to enter text.

Organization Type
☐Corporation ☐Partnership ☐Association ☐Member Organization ☐Sole Proprietorship ☐University ☐Political Organization ☐Other (*Please Explain*) Click or tap here to enter text.
☐Government Agency ***(If you check this box, you must complete Section 3 on the following page)*** *Is ITC considered a federal, state, provincial, municipal or other government authority, ministry, body, agency or instrumentality, or a company or entity owned or controlled by any governmental authority, ministry, body, agency or instrumentality (a "Governmental Authority")? If yes, then select "Government Agency."*
Is any high-ranking government official or any relative of a high-ranking government official directly or indirectly involved in the ITC? (For example, is the ITC under the patronage of a royal or ruling family member?) ☐Yes ☐No
Is there an internal review or approval process needed before the ITC can enter into an agreement with the AHA? ☐Yes ☐No If yes, please explain: Click or tap here to enter text.

Section 3: **Government Training Centers Only** *(all other organization types may proceed to next section)*
Does the Government need to approve the establishment of an ITC ☐Yes ☐No
Organization is regulated by Click or tap here to enter text.
☐Local Government *(State, Emirate, Province, Shire, County, City, Town, etc.)*
☐National Government *(Country/Region, Kingdom, Sultanate, Republic, etc.)*
Describe Government Connection Click or tap here to enter text.
Are there any laws or regulations that would apply to the agreement because a Governmental Authority is a party, such as procurement or other laws that regulate any of the following or other matters? ☐Yes ☐No

What processes and procedures must be followed for the Government Authority to enter into the agreement, such as necessary approvals, notices to the public or third parties, open bidding or other competitive requirements? Click or tap here to enter text.
Can the agreement be executed on behalf of the Governmental Authority only by certain specified officers or officials? ☐Yes ☐No
Are there any medical licensing or other medical regulations restricting the ability of a Governmental Authority to carry out the terms of the agreement? ☐Yes ☐No
Are there any special accounting, record keeping or auditing requirements that could apply to the AHA because it is signing an agreement with a Governmental Authority? ☐Yes ☐No

Section 4: Training Information
List All Countries/Regions in which you ***CURRENTLY*** conduct training: Click or tap here to enter text.
List any Countries/Regions you wish to ***ADD*** to your agreement: Click or tap here to enter text.
Will AHA training materials require Government approval? ☐Yes ☐No
What is the primary language spoken/used by your Country/Region? ITALIANO
Can the ITC use AHA course materials in English to teach healthcare providers? ☐Yes ☐No
Can English be used for community training? ☐Yes ☐No
Are you currently offering AHA's eLearning programs? ☐Yes ☐No
Are you providing a completion card per participant? ☐Yes ☐No
Are you currently using the AHA Platforms? ☐Yes ☐No
ITC will ensure that each student has individual possession of an authorized Course-specific textbook before, during, and after training? ☐Yes ☐No

Instructor Information
Current Instructors *(Number per discipline)* BLS ACLS PALS NRP ASLS Heartsaver Only
Current Training Center Faculty *(Number per discipline)* BLS ACLS PALS NRP ASLS Heartsaver Only

Instructor Development Plan *(Only if adding a discipline for which you do not have active instructors)* If your ITC does not have current instructors as evidenced by instructor cards, please provide an *Instructor Development Plan* which outlines your Instructor Development Plan including a timeline for completion *(Please note, your ITC Agreement will not be fully executed until all instructors have completed their instructor training)*

Previous Year's Training Numbers	
Students	**Instructors**
BLS	BLS
ACLS	ACLS
PALS	PALS
NRP	NRP

ASLS	ASLS
Do you have any sites aligned with you? ☐ Yes ☐ No List them here: Click or tap here to enter text.	

Section 7: Agreements If "No" is checked for any question in this section, an explanation must be given in the "Notes" field at the end of the section. Failure to include an explanation will result in a rejection of the application.		
Does the ITC agree to:	**Yes**	**No**
Open your courses to the community and all healthcare providers?	☐	☐
Purchase and issue AHA Course Completion Cards to every student who successfully completes an AHA course?	☐	☐
Ensure that each students has individual possession of an authorized Course-specific textbook before, during, and after training?	☐	☐
Conduct all AHA courses according to AHA Guidelines without modifications or revisions?	☐	☐
Use only the current AHA exams without editing or translating them?	☐	☐
Submit semiannual (2x/yr) training reports to the AHA?	☐	☐
Maintain required records for at least 3 years?	☐	☐
Notify the AHA immediately of any ITC status change?	☐	☐
Adhere to all guidelines in the AHA ECC Program Administration Manual (PAM) International Version?	☐	☐
Maintain the security of AHA Exams, Course Completion Cards and records?	☐	☐
Pay all costs (travel, accommodations, meals) for AHA faculty to travel to ITC for initial site visit and training ITC faculty?	☐	☐
Pay all costs (travel, accommodations, meals) for AHA faculty to conduct site reviews and course monitoring as outlined by the Program Administration Manual International Version?	☐	☐
Send a representative to all mandatory AHA meetings and updates? (Usually held locally or regionally except major Guideline changes)	☐	☐
Respect the copyright of all AHA Materials and the AHA Logo?	☐	☐
Review the equipment list for the discipline that is being added and confirm that the ITC has all the required equipment?	☐	☐
Notes: Click or tap here to enter text.		

Final Checklist	
Organizational Chart *(With all positions with full names of people occupying each position. Must include those named as Key Members of Organization) Referenced Page 3*	☐
Copy of Insurance Policy *Referenced Page 1*	☐

Copy of Quality Assurance Plan *(Reach out to your Regional Office for Further Details)*	☐
If Adding a New Discipline Only:	☐
Equipment Lists and Photos *Referenced Page 1*	☐
Instructor Addendum with Copies of Cards or Instructor Development Plan *Referenced Page 5*	☐

Thank you for completing this application. Email is needed for all International Training Centers. This application must be emailed. The AHA Email system has a size limitation of 10MB. If the total size of your photographs and scans are more than 10MB, please send separate emails. We will acknowledge receipt of your application within 5 business days.

EMAIL THE SIGNED AND COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTS TO YOUR REGIONAL DIRECTOR:
Your Regional Director: Click or tap here to enter text.
Regional Director email: Click or tap here to enter text.

If you haven't received an acknowledgement within 5 business days, please contact us at ITCAgreementSupport@heart.org.

I understand that a false statement on this application may be grounds for rejection of any application/proposal or termination of any agreement with the AHA.

If you sign this document, you give permission to the American Heart Association and its employees to use, collect, transfer, and process the information contained herein to process your application in our systems, which are located and operated in the United States. You authorize that the ITC you represent will in all ways comply with all privacy and data laws when you provide any confidential or restricted information to the AHA. Please note that you do not have to sign this Authorization, but if you do not, the AHA will not process this application.

Business Name: Click or tap here to enter text.

Business Address: Click or tap here to enter text.

Applicant Printed Name: Click or tap here to enter text.

Date:

Applicant Signature:

***Application Package will be processed only when all required documents are submitted.**
***Submission of an ITC Application package does not guarantee approval.**