



APPLICATION

ITLS Training Centre

Date of Application: ____/____/____
mm/dd/yy

(1) What organization is applying to become a training centre?

Name _____

Address _____

Country _____ ZIP/Postal Code _____

Telephone _____ Fax _____

Email _____

A letter of support from the sponsoring organization must accompany the application.

(2) What is the purpose of the organization?

(3) Where will the centre be located?

Name _____

Address _____

Country _____ ZIP/Postal Code _____

Telephone _____ Fax _____

Email _____

(4) What ITLS courses do you intend to run?

___ ITLS Provider ___ ITLS Instructors

___ ITLS Pediatric ___ ITLS Access

(5) How many students per year do you estimate you will train in ITLS?

Providers _____

Instructors _____

Pediatric _____

Access _____

(6) Who will be the Centre Coordinator?

Name _____

Credentials _____

Title _____

Address (if different from above)

Phone _____ Fax _____

Email _____

Summary of Qualifications and Experience (*please attach CV*):

(8) Please identify the ITLS instructors you intend to use and where they received their ITLS certification. Please attach copies of their ITLS cards:

<u>Name</u>	<u>Chapter Certified</u>
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(9) Please describe the student population:

(10) What is the approximate size and number of available rooms of the venue selected to run the program?

(11) What arrangements does the centre have in terms of administrative support?
