



APPLICATION for ITLS Chapter

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

(1) What organization is requesting to become an ITLS Chapter?

Name _____

Address _____

Country _____ ZIP/Postal Code _____

Telephone _____ Fax _____

Email _____

Is this a governmental agency? **YES** **NO**

Is this a not-for-profit organization? **YES** **NO**

If the organization is neither not-for-profit nor governmental, please describe its corporate structure: _____

Please describe the activities of this organization relevant to EMS:

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

(2) Please describe the area for which the ITLS chapter is requested.

(3) What is the purpose of the organization?

(4) Please provide information on any ITLS courses that have been conducted in your area:

<u>Date</u>	<u>Course</u>	<u>Location</u>	<u>Medical Dir.</u>	<u># of Students</u>
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Please use additional sheets if necessary.

(5) Who will be the Chapter Coordinator?

Name _____

Credentials _____

Title _____

Address (if different from above)

Phone _____ Fax _____

Email _____

Is he/she a current ITLS instructor? **YES** **NO**

Is he/she a current ITLS provider? **YES** **NO**

Please describe his/her EMS and administrative experience:

Please attach a current CV.

(6) Who will be the Chapter Medical Director?

Name _____

Credentials _____

Title _____

Address (if different from above)

Phone _____ Fax _____

Email _____

Is he/she a current ITLS instructor? **YES** **NO**

Is he/she a current ITLS provider? **YES** **NO**

Please describe his/her EMS and administrative experience:
