**ITLS Patient Assessment Video Contest
GUIDELINES FOR ENTRY**

ITLS is calling upon its chapters and training centres to submit short videos of the ITLS patient assessment sequence. Bring together your best instructors or providers to demonstrate the assessment components in a fun, energetic, creative presentation. A great opportunity for EMS agencies or organizations to practice their skills and teamwork and represent their ITLS chapters or training centres!

Submissions will be judged by a committee of the ITLS Editorial Board. Selected submissions, or portions of submissions, will be showcased at the 2016 International Trauma Conference in San Antonio, Texas, USA.

Creativity and a global perspective are encouraged! We welcome the diversity of regional differences in practice and culture. ITLS is improving trauma care worldwide, and we want your videos to reflect the ITLS international perspective.

***Deadline to submit your video is September 26, 2016.***

**Guidelines**

1. The video must include all of the following components of the ITLS patient assessment sequence and be consistent with the content of the 8e ITLS manual:
	1. Scene Size-up
	2. Initial Assessment
	3. Rapid Trauma Survey
	4. Transport Decision
	5. Ongoing Exam
2. Videos should be submitted in MP4 format. This is a universal format that allows a lower file size and easier storage without loss of quality. ITLS cannot accept MOV or AVCHD files. If your video camera films in this format, please convert the video before submitting.
3. Provide a written transcript of the audio. If the video is filmed in a language other than English, please provide the written transcript in both the native language and in English.
4. ITLS strongly encourages the use of microphones to enhance the audio and make your audio easier to hear. Participants may wear individual wireless microphones, or boom microphones can easily be rented that can capture all of the audio from one unit without feedback.
5. The ITLS logo on uniforms or apparel is welcomed but not required. ITLS encourages standardized dress for all participants for a more effective visual presentation.
6. Don’t forget to wear appropriate PPE as outlined in the 8th edition ITLS Provider manual.
7. All individuals featured on camera must sign the ITLS Talent Release. The submission cannot be accepted without a Talent Release submitted for each participant.
8. All authors/creators of the media must sign the ITLS Photo/Media Permissions Release (attached) that authorizes ITLS to use the content in whole or in part at the sole discretion of ITLS.
9. The primary contact for the submission must complete the ITLS Patient Assessment Video Contest application (see Page 3).
10. Provide full credits of all individuals featured in and involved in the production of the media. These may scroll at the end of the video or be submitted separately in writing.

**How to Submit**

ITLS has created a Dropbox folder for the 2016 Patient Assessment Video Contest. Please contact Kate Blackwelder at kateb@itrauma.org to request an invitation to the folder. When requesting the invitation, please submit the completed ITLS Patient Assessment Video Contest application (Page 3).

Upon receipt of your request and the completed application, Ms. Blackwelder will send an invitation through Dropbox and create a subfolder for you to upload your submission materials.

***Have fun! ITLS can’t wait to see your submissions.***

**ITLS Patient Assessment Video Contest
APPLICATION**

*To be completed by the primary contact of the submission:*

**ITLS Chapter or Training Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of Shoot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_