****

**APPLICATION**

**ITLS Course**

**Held Outside an ITLS Chapter/Training Centre**

**Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**mm/dd/yy**

**Date of Course\_\_\_\_/\_\_\_\_/\_\_\_\_**

**mm/dd/yy**

**(1) What organization is requesting the course?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Not-for profit organization?  **YES NO**

Is an ITLS chapter or training centre **YES NO**

working with the organization to

present the course? If **YES**, which ITLS chapter or training centre?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(2) What ITLS course is being held? \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(3) What is the course location?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(4) Who will be the course coordinator?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*(Please attach a copy of ITLS card.)*

**(5) Who will be the course medical director?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is he/she a current ITLS instructor? **YES NO**   
*(Please attach a copy of ITLS card.)*

**(6) Please list additional instructors participating in the course and where they received their ITLS certification. Please attach copies of their ITLS cards:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter where certified: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter where certified: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter where certified: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter where certified: \_\_\_\_\_\_\_\_\_\_\_\_\_

**(7) What is the intended audience for the course?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many students are planned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What previous EMS training is required for taking the course?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(8) Is this course open to the public?**

**YES NO**

**(9) To your knowledge, have any of the students previously taken any ITLS courses?**

**YES NO**

What course(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(10)** **Have any of the students previously taken any other trauma courses, e.g, PHTLS, TNCC or ATLS**

**YES NO**

What course(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(11) In what language will the ITLS course be taught?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Completed By:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return this application form with the **proposed course agenda, including faculty assignments and CVs, and copies of the ITLS Instructor cards of the faculty** to ITLS **at least 60 days in advance of the course.**

If the course is approved by ITLS International, the students will receive cards and/or certificates issued by the International office unless other arrangements are made with the approval of ITLS. The International fees are $17 USD for each student for all ITLS courses.

For more information, contact:

**ITLS**

**3000 Woodcreek Drive, Suite 200**

**Downers Grove, IL 60515**

**USA**

**888-495-ITLS**

**630-495-6442**

**800-495-6404 FAX**

[**info@itrauma.org**](mailto:info@itrauma.org)