# 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 _________________________

Website _________________________________________________________

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 education:

______________________________________________________________

______________________________________________________________

***A letter of support from the sponsoring organization with signature of responsible individual must accompany the application.***

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

______________________________________________________________________

NB: ITLS may establish more than one chapter or training centre in any geographic area.

**(3) What is the purpose of the organization?**

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

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

| *Date* | *Course* | *Location* | *Course Coordinator* | *# of Students* |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*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 this the primary contact for ITLS? **YES** **NO**

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 and a copy of ITLS instructor card if applicable.***

**(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:

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

***Please attach a current CV and a copy of ITLS instructor card.***

**(7) Please list the names of any current ITLS *instructors* in your area and indicate the ITLS chapter where they received their certification. Please attach copies of their ITLS cards.**

**Name** **Chapter Certified**

1)________________________________________________________________

2)________________________________________________________________

3)________________________________________________________________

4)________________________________________________________________

5)________________________________________________________________

6)________________________________________________________________

7)________________________________________________________________

8)________________________________________________________________

*Please use additional sheets if necessary.*

**(8) Has an ITLS Advisory Committee been formed?** **YES** **NO**

If YES, please describe its membership:

______________________________________________________________________

______________________________________________________________________

**(9) What arrangements will be made for Chapter administrative support?**

______________________________________________________________________

**(10) What groups will be involved in developing ITLS policy?**

______________________________________________________________________

______________________________________________________________________

**(11) What ITLS courses do you intend to run?**

___ ITLS Provider – Basic ___ ITLS Provider – Advanced ___ ITLS Provider – Combined

___ ITLS High Threat ___ ITLS Duty to Respond _____eTrauma

___ ITLS Pediatric ___ ITLS Access _____eTrauma Completer

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

Provider______________________

Instructor_____________________

High Threat ______________________

Duty to Repond ____________________

Pediatric ______________________

Access________________________

eTrauma Completer______________________

**(13) In what language will the ITLS courses be taught?** ___________________

**(14) Please describe the training facility that will be used for ITLS courses. Photos are encouraged.**

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

**(15) Are you aware of any other groups or individuals who have conducted ITLS courses in your area?** **YES** **NO**

If YES, please describe your organization's relationship with that group and/or

individual: ________________________________________________________

_________________________________________________________________

**(16) Please add any other relevant information in support of your application:**

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

_______________________________________________________________

_______________________________________________________________

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_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

**I hereby agree that as the designated ITLS Chapter Coordinator I will undertake the duties of the position with diligence and abide by the ITLS Chapter Policy and Procedure manual and the ITLS rules and guidelines.**

_____________________________________ _____________________

**Printed Name** **Date**

_____________________________________

**Signature**

**I hereby agree that as the designated ITLS Chapter Medical Director I will undertake the duties of the position with diligence and abide by the ITLS Chapter Policy and Procedure manual and the ITLS rules and guidelines.**

_____________________________________ _____________________

**Printed Name** **Date**

_____________________________________

**Signature**

**Please submit an electronic copy of your application and proposed ITLS Policy and Procedure Manual to:**

**ITLS**
**2001 Butterfield Road**
**Esplanade 1, Suite 320**
**Downers Grove, IL 60515**
**8888.495.ITLS**
**630.495.6442**
**630.495.6404 Fax**
**www.itrauma.org**

Rev.2023