



APPLICATION ITLS Training Centre

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

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

Name _____

Address _____

Country _____ ZIP/Postal Code _____

Telephone _____ Fax _____

Website _____

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

(2) What is the purpose of the organization?

(3) Where is the centre be located?

Name _____

Address _____

Country _____ ZIP/Postal Code _____

Telephone _____ Fax _____

Email _____

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

___ ITLS Provider – Basic ___ ITLS Provider – Advanced ___ ITLS Provider – Combined
___ ITLS High Threat ___ eTrauma ___ ITLS Duty to Respond
___ ITLS Pediatric ___ ITLS Access ___ eTrauma Completer

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

Provider _____
Instructor _____
High Threat _____
Duty to Repond _____
Pediatric _____
Access _____
eTrauma Completer _____

(6) In what language will the ITLS courses be taught? _____

(7) Who will be the Centre Coordinator?

Name _____

Credentials _____

Title _____

Address (if different from above)

Phone _____ Fax _____

Email _____

Summary of Qualifications and Experience:

Please attach a current CV.

(8) Who will be the Centre Medical Director?

Name _____

Credentials _____

Title _____

Address (if different from above)

Phone _____ Fax _____

Email _____

Summary of Qualifications and Experience:

Please attach a current CV.

- (9) 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> |
|-------------|--------------------------|
| 1) | _____ |
| 2) | _____ |
| 3) | _____ |
| 4) | _____ |
| 5) | _____ |
| 6) | _____ |
| 7) | _____ |
| 8) | _____ |

- (10) Please describe the students you will be training in ITLS:

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

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

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

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

Printed Name

Date

Signature

I hereby agree that as the designated ITLS Training Centre Medical Director I will undertake the duties of the position with diligence and abide by the ITLS Training Centre 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 with supporting materials to:

**ITLS
2001 Butterfield Road
Esplanade 1, Suite 320
Downers Grove, IL 60515**

888.495.ITLS
630.495.6442
630.495.6404 Fax
www.itrauma.org

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