



## APPLICATION

### ITLS Course Held Outside an ITLS Chapter/Training Centre

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

Course Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

Course End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

List additional course dates here: \_\_\_\_\_

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

a) Is it a governmental agency?	YES	NO
b) Not-for profit organization?	YES	NO
c) Is an ITLS chapter or training centre working with the organization to present the course?	YES	NO

If YES, which ITLS chapter or training centre? \_\_\_\_\_

*\*Please note: If you are an applying chapter or training centre, please list "International Office" here\**

(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: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

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

Additional Notes:

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

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

What previous EMS training is required for taking the course?

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**(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:** \_\_\_\_\_

**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.

Applications and supporting documents must be submitted **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 International**  
**2001 Butterfield Road**  
**Esplanade 1, Suite 320**  
**Downers Grove, IL 60515, USA**  
**888-495-ITLS**  
**630-495-6442**  
[info@itrauma.org](mailto:info@itrauma.org)

If submitting this form by email, please send a separate email with the additional required documents to [info@itrauma.org](mailto:info@itrauma.org)