



## 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:

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**Please attach a current CV.**

**(8) Who will be the Centre Medical Director?**

Name \_\_\_\_\_

Credentials \_\_\_\_\_

Title \_\_\_\_\_

Address (if different from above)

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Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Summary of Qualifications and Experience:

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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:

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

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

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

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**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  
4950 W Royal Ln.  
Irving, TX, 75063  
888.495.ITLS  
630.495.6442**