

**Trauma Medical Director's (TMD) Attestation of
Advanced Practice Provider's (APP) Eligibility for Instructor Potential (IP)**

Attestation Form
Submit the completed form to
TraumaEducation@facs.org

CONTACT INFORMATION:

APP Name: _____ APP ATLS ID# (If applicable): _____

TMD Name: _____

TMD Trauma Center Name: _____

TMD City, State/Province: _____ TMD ATLS ID #: _____

ATTESTATION: (Attestor must answer the questions in each category.)

Qualifications of Attestor:
(required)

I am an ATLS-trained Trauma Medical Director who has directly observed the Advanced Practice Provider and can attest to their competency level. I am recommending the APP as Instructor Potential.

☐ Yes ☐ No

How long have you worked directly with the APP candidate? _____

If yes to above, proceed:

**Advanced Practice Provider's
Clinical Experience:**
(required)

☐ The APP has been recommended by faculty of an ATLS Student Provider Course as having "Instructor Potential."

OR

☐ I have personally observed the APP in teaching situations. The APP has demonstrated the knowledge and support of the ATLS principles. The APP would make a good Instructor Candidate.

**Advanced Practice Provider's
Clinical Experience:**
(required)

- ☐ The APP has at least four years of experience in **direct clinical care** of trauma patients.
- ☐ The APP participates in and/or leads resuscitations of trauma patients in the acute care setting.

The APP is credentialed by their institution to perform **at least two** of the following procedures: (select all that apply)

- ☐ Obtain peripheral intravenous and/or intraosseous access
- ☐ Perform emergency thoracic decompression via needle or finger methodology
- ☐ Apply a tourniquet to control extremity bleeding
- ☐ Apply a sheet or commercial device for pelvic stabilization for suspected fracture
- ☐ Splint an injured extremity
- ☐ Apply a cervical collar
- ☐ Lead or participate in log rolling a patient and removal of a long spinal board

Optional Skills:
(optional)

- ☐ FAST
- ☐ Orotracheal intubation

REQUIRED:

Trauma Medical Director's Signature: _____

Date: _____

