

Educator Application Form

This form is designed to facilitate the application and review process for individuals interested in becoming an ATLS Educator.

Please keep the information requested and return the form to the address provided below. Please keep this form intact until the review and approval process is completed. Thank you.

DATE OF REQUEST	NAME		TITLE
ADDRESS			
CITY	STATE	POSTAL CODE	HOME COUNTRY
TELEPHONE	FAX	EMAIL	
CURRENT OCCUPATION			
LOCATION			
Will you be working as an Educator outside of your home country? <input type="radio"/> Yes <input type="radio"/> No If answered yes, please indicate where:			
ATLS STUDENT COURSE AUDITED			
DATE	SITE		

Please attach all of the following items to this form, checking off each item as you include it. If items one through six are clearly delineated on your curriculum vitae (CV), you may attach a copy of your CV to this form in lieu of those items.

- ☐ 1. List of degrees and areas of specialization with each degree
- ☐ 2. List of courses you completed as part of your degree(s) that were in education (for example, psychology of learning, cognitive psychology, curriculum development, adult education, learning theory, or teaching methods)
- ☐ 3. List of publications you have authored or coauthored that relate to education
- ☐ 4. List of professional associations that you belong to that are related to education
- ☐ 5. List of any experiences that you have had conducting faculty development for medical professionals
- ☐ 6. List any courses in which you taught medical professionals
- ☐ 7. Copy of your CV, which includes items one through six
- ☐ 8. Brief explanation of why you want to become an ATLS Educator and how your background, training, and experiences conform to the minimum selection criteria
- ☐ 9. Letter of recommendation and support from your ACS Committee on Trauma State/Provincial Chair (or selected ATLS Program Director if you are an international applicant)

Please forward this form and the requested information to:

ATLS Program Office

American College of Surgeons 633 N. Saint Clair St. Chicago, IL 60611-3211

Phone: 312-202-5160 Fax: 312-202-5013 E-mail: atls@facs.org

(ACS ATLS Program office use only)

Request approved by Senior Educator Advisory Board?

☐ Yes ☐ No Date _____

Request approved by ATLS Committee Chair?

☐ Yes ☐ No Date _____

Letter of approval sent to applicant and S/P Chair?

☐ Yes ☐ No Date _____

If request deferred, letter of explanation sent by Senior Educator Advisory Board?

☐ Yes ☐ No Date _____



AMERICAN COLLEGE OF SURGEONS
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Highest Standards, Better Outcomes

100+ years
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