

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.
	O Yes O 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 <i>direct clinical care</i> 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 <i>at least two</i> of the following procedures: (select all that apply)
	☐ Obtain peripheral intravenous and/or intraosseous access
	\square 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:	□ FAST
(optional)	□ Orotracheal intubation
REQUIRED:	
Trauma Medical Director's Signature:	

