



## Society of Critical Care Medicine Hosted Training Confirmation of Critical Care Practice Ratio

*This form should be completed by the ICU director, department chair, division director, chief medical officer, or hospital administrator of the applicant's institution.*

\_\_\_\_\_ is applying to become an instructor for the Society of Critical Care Medicine's (SCCM) \_\_\_\_\_ hosted training course. SCCM requests your confirmation that \_\_\_\_\_ spends a minimum of 50% of work hours caring for critically ill or injured patients in an acute care setting. This includes clinical or education-based activities focused on the critically ill or injured patient.

This requirement is to ensure that instructors are comfortable with the majority of the lecture components and skill stations and can answer questions from learners with credibility.

By checking the boxes below, you affirm that \_\_\_\_\_ meets the criteria described here.

- I affirm that this applicant spends a minimum of 50% of work hours caring for critically ill or injured patients in an acute care setting.
- I am the ICU director, department chair, division director, chief medical officer, or hospital administrator of the applicant's institution.

Signature: \_\_\_\_\_

*I certify that the above information is true and accurate. Typing my name in the signature space provided shall serve as a lawful signature as if signed by hand in person.*

Date: \_\_\_\_\_

