



**FCCS: Obstetrics Course Instructor Letter
Documenting Critical Care Practice Ratio**

Dear ICU Director:

This individual is applying to become an instructor for the Society of Critical Care Medicine's Fundamental Critical Care Support: Obstetrics (FCCS: OB) course. One requirement is to provide proof that he/she spends a minimum of 50% of work hours caring for critically ill or injured patients within an acute care setting.

Critical care practice is considered either a didactic or education-based role focused on the critically ill or injured patient. The practice requirement ensures (as much as possible) that the instructor will be comfortable with the majority of the lecture components and skill stations and can answer questions with credibility.

I affirm that _____ works a minimum of 50% of his/her work hours caring for critically ill patients within an acute care setting.

Documentation of proof of practice is authorized by:

(Signature of ICU Director)

Date: _____

Thank you for your confirmation regarding this individual's proof of eligibility. This information will assist SCCM in maintaining highly qualified instructors in the FCCS: OB program.

Sincerely,

FCCS: OB Program Committee