This form should be completed by a Fundamental Critical Care Support: Resource Limited director or consultant.

(Name of Applicant) is applying to become an instructor for the Society of Critical Care Medicine’s (SCCM) FCCS: Resource Limited hosted training course.

SCCM requests your confirmation that (Name of Applicant) is a Special Operations Combat Medic (18D), Emergency Medical Technician-Paramedic (EMT-P), or Emergency Medical Technician-Basic (EMT-B) with emergency/resuscitative medicine experience in a resource-limited area such as wilderness medicine or overseas medicine in a low-economic or war-torn country.

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.

[Check Box] By checking this box, you affirm that (Name of Applicant) has emergency/resuscitative medicine experience in a resource-limited area such as wilderness medicine or overseas medicine in a low-economic or war-torn country.

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: __________