

Society of Critical Care Medicine Hosted Training Instructor Recommendation

This form is for use for use by individuals applying to become instructors for Society of Critical Care Medicine (SCCM) ultrasound courses. It should be completed and signed by an SCCM-approved ultrasound course director, consultant, or current or past SCCM ultrasound course faculty.

	is applying to become an ins	tructor for the
SCCM	hosted training	g course.
he course director. AddiReview assigned maEncourage audienceAdjust teaching style	to present course material and guide skill itional responsibilities include: aterials before the course and come prepare participation e to learners as needed rial without inserting personal bias	,
☐ By checking this box	x, you recommend	for the role of
	course instructor.	
-	k, you attest that you are an active SCCM sultant, or current or past SCCM ultrasou	
Signature:		
•	nformation is true and accurate. Typing my ve as a lawful signature as if signed by ha	9
Date:		

