



## FEMSA ITLS, Faculty Data Form

**New Faculty, only complete Q1. – Q11. Please Type or Print Legibly**

Q1. First Name: \_\_\_\_\_

Q2. Last Name: \_\_\_\_\_

Q3. Credentials (Check all that apply): MD \_\_ DO \_\_ RN \_\_ EMT-P \_\_ EMT-B \_\_ AEMT \_\_ Other: \_\_\_\_\_

Q4. Home Address: \_\_\_\_\_

Q5. City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Q6. E-mail Address: \_\_\_\_\_

Q7. Phone Number: \_\_\_\_\_

Q8. State License Number\*: \_\_\_\_\_ Q10. Expiration Date (MM/DD/YYYY): \_\_\_\_\_

Q9. NREMT Card Number\*: \_\_\_\_\_ Q11. Expiration Date (MM/DD/YYYY): \_\_\_\_\_

### ITLS Official Use Only:

ITLS Instructor Card Number\*: \_\_\_\_\_ Expiration Date (MM/DD/YYYY): \_\_\_\_\_

Chapter of Card Issuance: \_\_\_\_\_

*\*NOTE: Potential Instructors and Assistants will not have this information. Please enter NA.*

Faculty Roles (Please circle ALL roles that apply):

Basic Instructor    Advanced Instructor    Pediatric Instructor    Access Instructor

Affiliate Faculty    Course Medical Director    Course Coordinator

Instructor Candidate    Assistant    Military Instructor

ITLS Course information is completed by the course coordinator online on CMS as provided by ITLS International, they will issue your new instructor card. The following information must be provided by each faculty member instructing an ITLS course. All items are mandatory to receive credit for instruction. Instructors need to fill out this form every recertification cycle. To recertify instructors must teach two classes during their certification period. Recertifying instructors must have two monitoring forms completed and signed by an affiliate faculty member. Please return all three documents to FEMSA ITLS of Florida, [chaptercoordinator@ltraumafemsa.org](mailto:chaptercoordinator@ltraumafemsa.org).