



**Pediatric Fundamental Critical Care Support Course  
Associate Instructor Application**

**Must successfully complete instructor course and meet practice criteria but is not required to maintain SCCM membership.**

**Please type or print all information.**

1. Name: \_\_\_\_\_ Professional Degree(s): \_\_\_\_\_  
Professional certification: \_\_\_\_\_ Area of practice: \_\_\_\_\_
2. Contact Information:  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Attach current curriculum vitae/resume.
4. Brief description of critical care experience:  
\_\_\_\_\_  
\_\_\_\_\_
5. Brief description of teaching experience:  
\_\_\_\_\_  
\_\_\_\_\_
6. What lectures and/or skill stations can you present with expertise?  
\_\_\_\_\_  
\_\_\_\_\_
7. What plans for PFCCS implementation do you and/or your organization have?  
\_\_\_\_\_  
\_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to:**  
Society of Critical Care Medicine • Product Support Specialist • 500 Midway Drive • Mount Prospect, IL 60056  
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