



## Instructor Candidate Application

### Section 1. Instructor Criteria: The following criteria must be met to be an FCCS instructor.

The criteria for FCCS Instructor status requires that the applicant select one of the pathways:

- Successfully complete a FCCS provider course (with  $\geq 80\%$  post-test score) including core skill stations and complete the instructor curriculum.
- Successfully complete a FCCS provider course (with  $\geq 80\%$  post-test score) including core skill stations and attend the Fundamentals Faculty Academy (FFA) course with successful completion of two core skills stations during the course.
- Successfully complete a self-directed online FCCS course (with  $\geq 80\%$  post-test score) and attend the FFA course with successful completion of two core skill stations during the FFA course.

In addition, applicants are required to:

- Teach at least two components of a FCCS course (didactic presentation and/or skill station) within two years of instructor candidate application approval
- Physicians:** Proof of critical care certification or activity, or board eligibility for certification OR proof of 50% critical care practice ratio from the director of the ICU
- Nurses:** Baccalaureate degree with critical care certification OR graduate or higher degree with 50% critical care practice ratio – proof of practice ratio from the director of the ICU
- Physician assistants and nurse practitioners:** Baccalaureate or higher degree with critical care certification or  $>50\%$  critical care practice ratio -- proof of practice ratio from the director of the ICU
- Respiratory therapists:** Baccalaureate or higher degree with 50% critical care practice ratio -- proof of practice ratio from the director of the ICU
- Pharmacists:** Baccalaureate or specialty in critical care or 50% critical care practice ratio – proof of practice ratio from the director of the ICU

**Type Information (English Only) (\* denotes required field). *Print completed form prior to submission as data will not be saved.***

### Section 2. Contact Information

\*Last Name:  Middle Initial:

\*First Name:  \*Credential(s):

\*Contact Info:  Institution:

\*Street Address:  \*City:

State/Province:  Zip Code:  \*Country:

\*Telephone:  Fax:  \*Email:

SCCM Member No.:  Critical Care Cert. No.:  Critical Care Cert. Agency:

### Section 3. Critical Care Experience

\*Description of critical care experience:

### Section 4. Instructor Course Information

\*FCCS lectures (date, topic, and location) you have delivered:

\*Course Director Name:  \*Course Dates:

\*Course Site:  \*Post-Test Score:

\*Applicant Signature:

I certify that the above information is true and accurate. Typing name in the signature space provided shall serve as lawful signature as if signed by hand in person.

**ALLOW 2-4 WEEKS FOR PROCESSING APPLICATION**