



Instructor Candidate Application

Section 1. Instructor Criteria

To become an FCCS: Surgical instructor, an applicant must fulfill ONE of these two eligibility pathways. Please select one.

1. **CURRENT FCCS INSTRUCTORS**
--Successfully complete an FCCS: Surgical self-directed or hosted course (with $\geq 80\%$ posttest score)
2. **OTHER APPLICANTS (NON-FCCS INSTRUCTORS)**
-- Successfully complete the FCCS: Surgical hosted course (with $\geq 80\%$ posttest score) including skill stations
-- Complete the instructor curriculum
-- Meet one of the eligibility requirements as listed below

In addition, applicants are required to:

- Teach at least two components of the FCCS: Surgical course (presentation and/or skill station) within two years of instructor candidate application approval

Eligibility Requirements

- Physicians:**
Proof of critical care certification or activity, or board eligibility for certification **OR**
Proof of a minimum 50% critical care practice ratio*
- Physician Assistant/Nurse Practitioner:**
Baccalaureate or higher degree with critical care certification **OR**
Proof of a minimum 50% critical care practice ratio from the ICU director
- Nurses:**
Baccalaureate degree with critical care certification **OR**
Graduate or higher degree with proof of a minimum 50% critical care practice ratio from the ICU director
- Respiratory therapists:**
Baccalaureate or higher degree with proof of a minimum 50% critical care practice ratio from the ICU director
- Pharmacists:**
Baccalaureate or specialty in critical care **OR**
Proof of a minimum 50% critical care practice ratio from the ICU director

Type Information (English Only) (* denotes required field).

Section 2. Contact Information

*Last Name: Middle Initial:

*First Name: *Credential(s):

*Contact Info: Office Home Institution Name:

*Street Address: City:

State/Province: Zip/Postal Code: *Country:

*Telephone: SCCM Customer #: *Email:

Section 3. Instructor Course Information

*FCCS: Surgical modules you have delivered (date, title of lecture/skill station):

*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

If approved, your contact information (name, city/state, email) will be included on the SCCM website with other Fundamentals faculty (instructors, directors, and consultants). To opt out of being listed on the website, please check here.

Please save form for your records and email to licensing@sccm.org