



Dear FCCS Instructor Applicant:

Thank you very much for your interest in becoming an Instructor in the Society of Critical Care Medicine's Fundamental Critical Care Support (FCCS) program. The FCCS Program Committee appreciates your commitment to improving patient care through this course. The criteria for FCCS Instructor status requires that the applicant select one of the pathways:

<input type="checkbox"/>	Successfully complete a FCCS provider course (with ≥80% post-test score) including core skill stations and complete the instructor curriculum.
<input type="checkbox"/>	Successfully complete a FCCS provider course (with ≥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.
<input type="checkbox"/>	Successfully complete a self-directed online FCCS course (with ≥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:

- Submit the Instructor application via the [online form](#)
- Teach at least two components of a FCCS course (didactic presentation and/or skill station) within two years of instructor candidate application approval
- Submit the following:
 - A. **Physician instructor candidate:**
 - 1. Proof of critical care certification or activity, or board eligibility for certification
OR
 - 2. Proof of 50% critical care practice* ratio from the director of the ICU
 - B. **Nurse instructor candidate:**
 - 1. Baccalaureate degree with critical care certification
OR
 - 2. Graduate or higher degree with 50% critical care practice ratio – proof of practice ratio from the director of the ICU
 - C. **Physician assistant and nurse practitioner instructor candidate:**
 - 1. Baccalaureate or higher degree with critical care certification or >50% critical care practice ratio -- proof of practice ratio from the director of the ICU
 - D. **Respiratory therapist instructor candidate:**
 - 1. Baccalaureate or higher degree with 50% critical care practice ratio -- proof of practice ratio from the director of the ICU
 - E. **Pharmacist instructor candidate:**
 - 1. Baccalaureate or specialty in critical care or 50% critical care practice ratio – proof of practice ratio from the director of the ICU

* *Critical care practice* is considered either a didactic or education-based role focused on the critically ill or injured patient. The practice requirement ensures (as much as possible) that the instructor will be comfortable with the majority of the lecture components and skill stations and can answer questions with credibility.

Critical care certified practitioners will be accredited as instructors upon successful completion of all criteria listed in this document. Instructor applicants with less than 50% critical care practice ratio requirement may require a review before Instructor status is granted.

Thank you again for your interest.

Sincerely,

FCCS Program Committee

Please return to:

Society of Critical Care Medicine • Product Support Specialist • 500 Midway Drive • Mount Prospect, IL 60056
Fax: +1 (847) 493.6446 • Email: fccs@sccm.org



**FCCS Course Instructor Letter
Documenting Practice Ratio in Critical Care**

Dear ICU Director:

This individual is applying to become an Instructor for the SCCM course, Fundamental Critical Care Support (FCCS). One of the requirements is to provide proof that he/she has a practice ratio of 50% or more of their work hours caring for critically ill or injured patients within an ICU.

Critical care practice is considered either a didactic or education-based role focused on the critically ill or injured patient. The practice requirement ensures (as much as possible) that the Instructor will be comfortable with the majority of the FCCS lecture components and skill stations and will be able to answer questions with credibility.

I affirm that _____ works a minimum of 50% of his/her work hours in the care of critically ill patients within the ICU.

Documentation of proof of practice in the ICU is authorized by _____
(Signature of ICU Director)

Date: _____

Thank you for your confirmation regarding this individual's proof of eligibility. This information will assist SCCM in maintaining highly qualified instructors in the FCCS program.

Sincerely,

FCCS Program Committee

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