



Instructor Candidate Application

Section 1. Instructor Criteria: The following criteria must be met to be a PFCCS instructor.

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

- Successfully complete a PFCCS provider course (with $\geq 80\%$ post-test score) including core skill stations and complete the instructor curriculum.
- Successfully complete a PFCCS 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 PFCCS 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 PFCCS 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

*PFCCS 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