



Instructor Application

Section 1. Instructor Criteria

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

CURRENT FUNDAMENTALS INSTRUCTORS

-Successfully complete an FCCS: Crisis Management self-study or hosted course, with $\geq 80\%$ posttest score

OTHER APPLICANTS (NON-FCCS INSTRUCTORS)

-Successfully complete the FCCS: Crisis Management hosted course, with $\geq 80\%$ posttest score, including skill stations
-Complete the instructor curriculum
-Meet one of the eligibility requirements listed below

In addition, applicants are required to:

Teach at least two components of the FCCS: Crisis Management 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 from the ICU director

Advanced practice providers:

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:

*Street Address: *City:

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

*Telephone: SCCM Customer #: *Email:

Section 3. Instructor Course Information

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

*Course Director Name: *Course Dates:

*Course Site: *Posttest 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 WEEKS FOR PROCESSING APPLICATION

If approved, your contact information (name, city, state, email) will be posted 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