



## Society of Critical Care Medicine Hosted Training Confirmation of Labor and Delivery Practice Ratio

*This form should be completed by the labor and delivery director, department chair, division director, chief medical officer, or hospital administrator of the applicant's institution.*

\_\_\_\_\_ is applying to become an instructor for the Society of Critical Care Medicine's (SCCM) Fundamental Critical Care Support: Obstetrics hosted training course.

SCCM requests your confirmation that \_\_\_\_\_ spends a minimum of 50% of work hours in clinical practice and labor and delivery management, caring for patients on a labor and delivery unit. *Clinical practice* and *labor and delivery management* refers to the management of pregnant patients, including inpatient management of labor, performance of deliveries, and care for patients in the postpartum state. It is also expected that this applicant has a special interest in managing high-acuity patients who may become critically ill.

This requirement is to ensure that instructors are comfortable with the majority of the lecture components and skill stations and can answer questions from learners with credibility.

By checking the boxes below, you affirm that \_\_\_\_\_ meets the criteria described here.

- I affirm that this applicant spends a minimum of 50% of work hours caring for critically ill or injured patients in an acute care setting.
- I am the labor and delivery director, department chair, division director, chief medical officer, or hospital administrator of the applicant's institution.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_