



Society of Critical Care Medicine Hosted Training Confirmation of Resuscitative Medicine Experience

This form should be completed by a Fundamental Critical Care Support: Resource Limited director or consultant.

_____ is applying to become an instructor for the Society of Critical Care Medicine's (SCCM) FCCS: Resource Limited hosted training course.

SCCM requests your confirmation that _____ is a Special Operations Combat Medic (18D), Emergency Medical Technician-Paramedic (EMT-P), or Emergency Medical Technician-Basic (EMT-B) with emergency/resuscitative medicine experience in a resource-limited area such as wilderness medicine or overseas medicine in a low-economic or war-torn country.

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 this box, you affirm that _____ has emergency/resuscitative medicine experience in a resource-limited area such as wilderness medicine or overseas medicine in a low-economic or war-torn country.

By checking this box, you affirm that you are an active FCCS: Resource Limited director or consultant.

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: _____