Society of Critical Care Medicine
Hosted Training Instructor Recommendation

This form is for use by individuals applying to become instructors for Society of Critical Care Medicine (SCCM) ultrasound courses. It should be completed and signed by an SCCM-approved ultrasound course director, consultant, or current or past SCCM ultrasound course faculty.

__________________________ is applying to become an instructor for the SCCM ___________________________ hosted training course.

It is the instructor’s role to present course material and guide skill stations as assigned by the course director. Additional responsibilities include:

- Review assigned materials before the course and come prepared
- Encourage audience participation
- Adjust teaching style to learners as needed
- Follow course material without inserting personal bias

☐ By checking this box, you recommend __________________________ for the role of __________________________ course instructor.

☐ By checking this box, you attest that you are an active SCCM __________________________ course director, consultant, or current or past SCCM ultrasound course faculty.

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: ____________________________