



ITLS of Florida, Faculty Data Form

Please Type

First Name: _____

Last Name: _____

Credentials (*Circle all that apply*): MD DO RN EMT-P EMT-B EMT-I Other: _____

Home Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

E-mail Address: _____

Phone Number: _____

ITLS Instructor Card Number*: _____

**NOTE: Potential Instructors and Assistants will not have this information. Please enter NA.*

ITLS Instructor Card Expiration Date (MM/DD/YYYY): _____

Chapter of Card Issuance: _____

Faculty Roles (*Please circle ALL roles that apply*):

Basic Instructor Advanced Instructor Pediatric Instructor Access Instructor

Affiliate Faculty Course Medical Director Course Coordinator

Potential Instructor Assistant

ITLS Course information is completed by the course coordinator online on CMS as provided by ITLS International, they will issue your new instructor card. The following information must be provided by each faculty member instructing an ITLS course. All items are mandatory to receive credit for instructing. Instructors need to fill out this form every recertification cycle. To recertify instructors must teach two classes during their certification period. Recertifying instructors must have two monitoring forms completed and signed by an affiliate faculty member. Please return all three documents to ITLS of Florida, jdgiillard@ltraumafloida.org. or fax, 321-633-1085.