

**FUTURE TRAUMA LEADERS (FTL) PROGRAM**

APPLICATION FORM

| PERSONAL INFORMATION | YOUR ANSWERS |
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| First & Last Name: |  |
| Institution Name: |  |
| Institution Address: |  |
| Title/Position: |  |
| Surgical Specialty | □ General □ Burn □ Neuro □ Ortho □ Pediatric □ Other (please explain):  |
| Preferred Email: |  |
| Preferred Phone Number: |  |
| Years in Practice (**Post Fellowship**): |  |

 **Participant Attachments/Uploads**:

□ Current CV & Professional Headshot

□ 2 Letters of Recommendation (one ***MUST*** be from your Division/Program Chief and must note their support for the time away from clinical work for these activities)

□ Essay on why you would like to participate in this program and what you hope to gain from participation

(*essay should not exceed ONE page*)

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| GENERAL QUESTIONS | YOUR ANSWERS |
| Are you a Fellow of the American College of Surgeons? | □ ACS Fellow □ ACS Associate Fellow |
| Are you active-duty military?  | □ No □ Yes Branch: |
| If active-duty, length of service commitment? |  |
| Is your practice university based, private, or group?  | □ University □ Private □ Group |
| Are you currently active in the field of trauma? (*please describe*) |  |
| What percentage of your current professional activities involves the care of the injured patient? |  |
| Have you been involved with the ACS State or Provincial Trauma Committee in your area?(*please describe*) |  |
| Please describe any prior involvement with the Resident and Associate Society (RAS-ACS): |  |
| Please describe any prior or current involvement with the Young Fellows Association (YFA): |  |
| COT PROJECT AREASPlease rank your areas of interest and any special skills/accomplishment you would bring to the following: |
|  | **Rank** |  |
| Advocacy |  |  |
| Disaster Preparedness |  |  |
| Education |  |  |
| Emergency Medical Services |  |  |
| Injury Prevention |  |  |
| Performance Improvement/Guideline Development |  |  |
| Quality & Data Measurements |  |  |
| Rural Trauma |  |  |
| Trauma Center Evaluation |  |  |
| Trauma Systems Consultation |  |  |

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| PARTICIPATION IN COT ACTIVITIES  |
| Have you taken the ATLS® Provider course? □ Yes □ No |
| Have you taken the ATLS® Instructor course? □ Yes □ NoIf yes, how often do you teach ATLS®?  |
| Are you an ATLS® Course Director? □ Yes □ NoIf yes, how often do you direct an ATLS® course?  |
| Does your hospital submit data to NTDB®? □ Yes □ No |
| If so, how have you used NTDB data in your own research or to evaluate your hospital’s performance? |
| Does your hospital participate in the ACS Trauma Quality Improvement Project (TQIP)? □ Yes □ No |
| Is your hospital verified by ACS? □ Yes □ No If so, at what Level?  |
| ***For the following, please select all that apply:***  |
| TOPIC course □ Course Taken □ Course Instructor  |
| Rural Trauma Team Development course □ Course Taken □ Course Instructor |
| Disaster Management & Preparedness course □ Course Taken □ Course Instructor  |
| Are you a member of any of the following Associations? □ American Association for the Surgery of Trauma □ EAST □ WEST  |
| Are you willing to attend the COT Annual Meeting each spring and the committee meetings held in conjunction with the Clinical Congress each fall, the Annual TQIP meeting and the Annual ACS Advocacy meeting? □ Yes □ No |

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