



# American College of Surgeons

## New Course Site Authorization Memo

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

In accordance with ATLS<sup>®</sup> Policy, and pursuant to CRA request for the date(s) of \_\_\_\_\_, in city of \_\_\_\_\_, in the state of \_\_\_\_\_, in the country of \_\_\_\_\_, I have inspected and am approving the new ATLS<sup>®</sup> Course Site and Coordinator contact information listed below.

Site Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

This new site satisfies the criteria for an approved ATLS<sup>®</sup> Course Site as set by the ATLS<sup>®</sup> Subcommittee and the ACS Committee on Trauma.

Signature, \_\_\_\_\_

Chair, \_\_\_\_\_ Committee on Trauma  
(State/Provincial)

\_\_\_\_\_ Date

### ***ACS ATLS Program Office use only:***

Course Site number assigned: \_\_\_\_\_

Was copy sent to Coordinator?  Yes  No

If no, please list reason or person receiving copy:

\_\_\_\_\_

Date copy was sent: \_\_\_\_\_