

ATLS Faculty Extension Request Form

Thank you for your dedication to ATLS. We understand you are requesting an extension to your ATLS Instructor status. Please provide the information below. The ACS team will review and respond as soon as possible. Please note that your submission of this form does not guarantee your ATLS Instructor status will be extended and does not impact your current expired status, if applicable. Relevant policy information is below.

1. Name:
2. ATLS #:
3. Email address:
4. ATLS Faculty Expiration Date:
5. Current Number of Courses Taught Within Reverification Cycle:
6. Date of Last Course Taught:
7. Are you a practicing Trauma Surgeon?
If not, describe your physician role:
8. Please list reasons why you were unable to fulfill the teaching requirements (see requirements below):
9. Reverification Action Plan - How do you propose coming into compliance as an ATLS instructor? E.g. Assigned to teach a course on XXXX (course number) and will schedule another for XXXX.
10. Is there any additional information you would like the ACS and COT staff to know?

Signature: _____ **Date:** _____

Per the ATLS 10th edition Course Administration and Faculty Guide:

4.3.3 Instructor

4.3.3.1 ATLS Instructors are minimally required to teach in 4 ATLS courses in a 4-year (reverification cycle) to remain current in ATLS.

4.3.3.2 ATLS Instructors must teach *at least one* element in each course to receive teaching/reverification credit. Interactive discussions, skill stations, triage scenarios, and Initial Assessment Testing scenarios are all considered elements.

