

Application to Sponsor a Course

Course Dates:	
Institution:	
Address:	
State/Province:	
Zip/Postal Code:	
Phone:	
Fax:	
Contact Name:	

Deliver textbooks to: Same as Above

Institution:	
Address:	
State/Province:	
Zip/Postal Code:	
Phone:	
Fax:	
Contact Name:	

Course Consultant:	
Course Director:	
Phone:	
Fax:	
E-Mail:	

Anticipated course faculty (indicate (*) if FCCS Instructor). Note: A minimum of three faculty is necessary for 24 students and four to eight students per station; at least two faculty must be FCCS Instructors, or one FCCS Instructor (the Course Director), and two FCCS Associate Instructors. U.S. FCCS Instructors must be SCCM members in good standing.

Name/Member #		Name/Member #	
Name/Member #		Name/Member #	
Name/Member #		Name/Member #	
Name/Member #		Name/Member #	

The FCCS course provides annual training in your institution for:

Is FCCS training required for any group of participants?

Expected number of participants:

Number of FCCS textbooks you want to order:

If CME credits are provided by your organization, are you accredited by a state medical society or ACCME? *Note: CME is not provided by SCCM for this course.*

Yes

No

Do you plan to allow outside registrants at your course?

Yes

No

Do you plan to offer instructor candidate training?

Yes

No