



iatsic

International Association for Trauma Surgery and Intensive Care

Course Candidate Application Form

Definitive Surgical Trauma Care™ Course

Definitive Anaesthetic Trauma Care™ Course

(Please check either one)

(Please type or print using black ink and send to k.uchida@omu.ac.jp)

Application Date		Application sent by:	email		Fax		Post	
Surname			Title					
First name			Calling name for name badge					
Business Address								
Postal Address								
Residential Address								
Telephone: Home			Telephone: Business					
Fax Number: Home			Fax Number: Business					
Cell Phone:			Email:					
Medical Registration No.			Nursing Registration No.					
I.D. or Passport No.			Nationality					
Special Diet Request								
Qualifications			University degree and Date					
Highest Surgical Examination (Board Certification of Surgery)			Date passed					
ATLS® (or convertible course such as JATEC) successfully completed			Date					
Summary of experience over last three years								
Residency performed at								
Current appointment								
Reasons for DSTC™ / DATC™ Application								
Office Use only								
Date Received	Date acknowledged	Payment received		Course allocated				