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International Association for Trauma Surgery and Intensive Care

Course Candidate Application Form

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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				