# **Named Faculty Form**

# **Practitioner Courses**

## **Completion guidelines**

### Download this Word form to your computer

### Complete all section(s) for each course(s) for approval

### Print and return the form to PHECC

### Retain a copy for your own records

### Incomplete forms will be returned and cause unnecessary delays.

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| **EMT course:** | | | | | | |
| *Minimum faculty is: 4 Tutors including 1 facilitator and*  *1 Medical Advisor.* | | Medical Advisor Name: | | |  | |
| Contact Tel No: | | |  | |
| No. of hours available per week: | | |  | |
| **Names:** | **Educational award title:** | | **Expiry:** | **PHECC PIN:** | **CFR instructor Advanced**  **cert no.:** | **Expiry:** |
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| **Paramedic course:** | | | | | | |
| *Minimum faculty is: 4 Tutors including 1 facilitator and*  *1 Medical Advisor.* | | Medical Advisor Name: | | |  | |
| Contact Tel No: | | |  | |
| No. of hours available per week: | | |  | |
| **Names:** | **Educational award title:** | | **Expiry:** | **PHECC PIN:** | **CFR instructor Advanced**  **cert no.:** | **Expiry:** |
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| **Advanced Paramedic course:** | | | | | | | |
| *Minimum faculty is: 4 Tutors including 1 facilitator and*  *1 Medical Advisor.* | | Medical Advisor Name: | | | |  | |
| Contact Tel No: | | | |  | |
| No. of hours available per week: | | | |  | |
| **Names:** | **Educational award title:** | | **Expiry:** | **PHECC PIN:** | **CFR instructor Advanced**  **cert no.:** | | **Expiry:** |
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**Version History**

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| --- | --- | --- |
| **Version** | **Date** | **Details** |
| 1 | Apr 2014 | Temp |
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