# **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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