

# Application for ALS Facilitators Recertification Form



*The program has been developed to recertify currently accredited ALS Facilitators. Where accreditation has lapsed completion of the Facilitator Certificate course will be required.*

The Program has three components: Course Work: 2 weeks (focused on an Elective topic), Pre-workshop Tutorial (focusing on your Preparation and Program) and (onsite) Work Based Competency Assessment.

## SECTION A: Participant Details

Name:	Position:
Telephone:	Email:
LHN:	Hospital:
Date of last ALS Facilitators Course (Please provide proof of certificate): <i>For RPL to be considered please provide details to assist us to assess the application.</i>	
<b>** A requirement to proceed with re-accreditation is you MUST have taught a minimum of 4 workshops in the last 12 months OR 6 workshop in the last 2 years.</b> Do you meet this requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide dates of the ALS Courses you have facilitated on in the previous 18 months:	
For your reaccreditation assessment, please provide the dates and locations of the ALS courses you have scheduled over the next six months. <i>We require these to schedule the timing of your preworkshop tutorial and onsite Work Based Assessment.</i>	

Please note your application for recertification will be assessed and you will be notified of the decision within 5 working days. Failure to provide all required information will result in a delay in your application being processed.

## SECTION B: Facilitator Re-accreditation Cost

Facilitator Recertification Fee: \$660 (inc GST)

Please note that the registration fee will only be processed the application for recertification has been approved.

## SECTION C: Method of Payment

☐ Visa ☐ Mastercard

Cardholder's Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiry Date \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_ (3 digits on back of card) Authorised Amount AUD \$ \_\_\_\_\_

☐ Invoice

Attention to: \_\_\_\_\_ Organisation: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

### Acknowledgement of Payment

*I authorise an invoice for \$660.00 to be issued to \_\_\_\_\_ for the ALSi Recertification Program delivered by LearnEM. I understand that the application will not proceed to the next stage until full payment has been received.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_