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**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):*For RPL to be considered please provide details to assist us to assess the application*.  |
| \*\* 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.Do you meet this requirement: 🞏 Yes 🞏 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.*We require these to schedule the timing of your preworkshop tutorial and onsite Work Based Assessment.* |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_