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: $885.50 (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 $885.50 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: _____