**Emergency Medicine Doctors**

**Check list**

**Name of applicant: ......................................................................**

**Date of application: .......... / .......... / ..........**

1. Did you follow a specialization in Emergency Medicine ? Yes No

If Yes, what was the duration of your specialization? .......... ..........

If Yes, when did you qualify ? .......... /.......... / ..........

Please specify the name and address of the University where this program was delivered:....................................................................................................................................................................................................................................................................... ..................................................................................................................

As a **full-time** Emergency Medicine doctor, how many years of experience do you have? ............ years

1. If you do not have a specialization in Emergency Medicine, how many years of experience working in an Emergency Department do you have?...........years
2. Regarding the following trainings please answer:
	1. Are you ALS (Advanced Life Support) certified ? Yes No

*(Please provide a copy of your valid certificate)*

b. Are you ATLS (Advanced Trauma Life Support) certified? Yes No

*(Please provide a copy of your valid certificate)*

If not, please specify if you have experience in trauma care or if you are certified in any other similar training *.......................................................* *................................................................................................................................................................................................................................................*

c. Are you PALS (Pediatric Advanced Life Support) or APLS (Advanced Pediatric Life Support) certified? Yes No

*(Please provide a copy of your valid certificate)*

d. Are you an instructor in any of the previous trainings? Yes No

*(Please specify)...............................................................................................*

e. Are you qualified in disaster medicine or multiple casualty management? Yes No

*(Please specify)...............................................................................................*

f. Any other qualification you would like to mention?

*(Please specify)...............................................................................................*

**Technical skills :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not trained | Only under supervision | Autonomous practice | Expert |
| Bag-valve-mask ventilation |  |  |  |  |
| Non-invasive ventilation  |  |  |  |  |
| Intubation |  |  |  |  |
| Management of mechanical ventilation |  |  |  |  |
| Procedural sedation  |  |  |  |  |
| Chest drain insertion |  |  |  |  |
| FAST ultrasound scan |  |  |  |  |
| Intra-osseous access |  |  |  |  |
| ECG interpretation |  |  |  |  |
| Thrombolysis for ACS  |  |  |  |  |
| Reduction and stabilisation of fractures and luxation |  |  |  |  |
| Burn management in the ED |  |  |  |  |
| Wound care in the ED |  |  |  |  |
| Psychiatry in the ED |  |  |  |  |
| Pre-hospital care |  |  |  |  |
| End of life care |  |  |  |  |
| Normal deliveries |  |  |  |  |
| Fasciotomy |  |  |  |  |
| Triage / Priorisation |  |  |  |  |
| Severe trauma stabilisation / Management |  |  |  |  |
| Management of septic shock |  |  |  |  |
| Management of hemorrhagic shock |  |  |  |  |
| Team leader in advanced CPR. |  |  |  |  |

Signature of applicant:

Many thanks for completing this form.