



# ATCN Course Director Application

Completed applications must be submitted via email to STN

[atcn@traumanurses.org](mailto:atcn@traumanurses.org)



Application Date: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Professional Credential(s): \_\_\_\_\_

Phone number (time zone): \_\_\_\_\_

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

Nursing License number: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

STN Active member:  Yes  No\*

STN member number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\*Current STN membership is a requirement for all ATCN Course Directors

### ATCN Region:

Region 1 (CT, MA, ME, NH, RI, VT)

Region 2 (NY, NJ, PR)

Region 3 (DE, MD, PA, VI, VA, WV)

Region 4 (AL, FL, GA, KY, MS, NC, SC, TN)

Region 5 (IL, IN, MI, MN, OH, WI)

Region 6 (AR, LA, NM, OK, TX)

Region 7 (IA, KS, MO, NE)

Region 8 (CO, MT, ND, SD, UT, WY)

Region 9 (AZ, CA, HI, NV)

Region 10 (AK, ID, OR, WA)

Region 11 (AB, BC, MB, SK, Canada)

Region 12 (NL, NS, ON, QC Canada)

Region 14 (Latin/South America, Caribbean)

Region 15 (Europe, South Africa)

Region 16 (Australia, Asia)

Region 17 (Middle East, North Africa)

Primary ATCN Course Site: \_\_\_\_\_

Requested Date (timeframe) and Institution for Course Director check off: \_\_\_\_\_

\_\_\_\_\_

### ATCN Faculty Teaching History

Date and Location of initial faculty status: \_\_\_\_\_

Number of student courses taught (in last 4 years): \_\_\_\_\_

Number of faculty courses taught (if applicable): \_\_\_\_\_

### Attestation

By submitting this application, I confirm that I have:

1. Reviewed the ATCN Policy and Procedure (P&P) manual and the ATCN Clarification Document.
2. Commit to adhering to the process of becoming an ATCN Course Director (as outlined in P&P and Clarification Document).
3. Commit to maintaining the standards of ATCN and expectations of ATCN Course Directors (as outlined in P&P and Clarification Document).

Applicant Name and Signature: \_\_\_\_\_

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

### \*For STN Headquarters\*

Date of ATCN Committee Chair notification: \_\_\_\_\_

Date of ATCN Regional Director notification: \_\_\_\_\_

Date of ATCN Country Chair notification: \_\_\_\_\_