



PTACC Site Application

This form is used by institutions to initiate the process of bringing the Pediatric Trauma Across the Care Curriculum Course to the institution. The application should be received in the STN Office at least 3 months prior to the proposed course. Following approval of the application by the PTACC Committee, the institution will be asked to sign a Memorandum of Understanding outlining the responsibility of each party.

Date of Request _____

Proposed date for inaugural course _____

Requestor Name/Credentials: _____

Institution: _____

Address: _____

City: _____ State: _____ Zipcode: _____ Country: _____

Work Phone _____ E-mail Address _____

Contact Person (If not the same as above)

Name/Credentials _____

Institution _____

Address _____

City: _____ State: _____ Zipcode: _____ Country: _____

Work Phone _____ E-mail Address _____

Send completed document and attachments by e-mail to STN Headquarters:

Brian Doty, CMP
Phone: (859) 977-7456
Email: bdoty@traumanurses.org

Reviewed

Approved

PTACC Chair Signature

Date