iatsic
International Association for Trauma Surgery and Intensive Care

Course Candidate Application Form

☐ Definitive Surgical Trauma Care™ Course
☐ Definitive Anaesthetic Trauma Care™ Course

(Please check either one)

(Please type or print using black ink and send to: dstc-japan@med.teikyo-u.ac.jp)

Application Date		**Application sent by:**	**email**		**Fax**		**Post**	
Surname			**Title**					
First name		**Calling name for name badge**						
Business Address								
Postal Address								
Residential Address								
Telephone: Home		**Telephone: Business**						
Fax Number: Home		**Fax Number: Business**						
Cell Phone:		**Email:**						
Medical Registration No.		**Nursing Registration No.**						
I.D. or Passport No.		**Nationality**						
Special Diet Request								
Qualifications		**University degree and Date**						
Highest Surgical Examination (Board Certification of Surgery)		**Date passed**						
ATLS® (or convertible course such as JATEC) successfully completed		**Date**						
Summary of experience over last three years								
Residency performed at								
Current appointment								
Reasons for DSTC™ / DATC™ Application								
Office Use only								

Date Received	Date acknowledged	Payment received	Course allocated