



Effective Management of Anaesthetic Crises (EMAC) – Associate Instructor Application Form

Contact information

Name _____

Home phone _____

Work phone _____

Email _____

Agreement and signature

In submitting this application I agree, if appointed, to accept the responsibilities and undertake the duties of an Associate EMAC Instructor. Duties are outlined in the EMAC course handbook.

Signature _____ Date _____

What needs to be submitted

- Provide the completed referee report (Appendix 1)
- Complete this application form
- Submit all items to your Supervisor of EMAC at your chosen [EMAC course centre](#), who will in turn complete an Associate EMAC nomination letter for voting by the EMAC Subcommittee.

APPENDIX 1

Associate EMAC Instructor application

Referee form

Applicant name _____

Please rate the applicant on the following dimensions by placing an X where appropriate

Understanding the perspective and appreciate the feelings of others.

Dispassionate |-----|-----|-----|-----| Highly Empathetic

Completing all tasks and duties.

Never Complete |-----|-----|-----|-----| Always Complete

To be influenced by personal opinions or feelings when considering facts or passing judgment.

Greatly Influenced |-----|-----|-----|-----| Not Influenced

To be patient and to tolerate delay, problems and inconvenience.

Intolerant |-----|-----|-----|-----| Extremely Tolerant

Avoiding dogmatic beliefs or attitudes.

Dogmatic |-----|-----|-----|-----| Open Minded

To treat all people equally and justly.

Partial |-----|-----|-----|-----| Impartial

Indicate the particular contribution you believe the applicant can make as an EMAC Instructor:

To what extent is the applicant committed to learning new educational techniques and processes?

Please add any other comments you feel are relevant to this application.

Name _____

Position title _____

Place of clinical employment _____

Signature _____ Date _____