



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

Contact information

Name _____

Home phone _____

Work phone _____

Email _____

Date of approval as Assistant EMAC Instructor _____

Agreement and signature

In submitting this application I agree, if appointed, to accept the responsibilities and undertake the duties of a Full EMAC Instructor, and confirm that I have been in independent specialist practice within the last five years.

Signature _____ Date _____

What needs to be submitted

Please provide the following information and documentation for two EMAC courses you have instructed on as Assistant EMAC Instructor:

- Dates of instruction, simulation centre and Convener details:

Date	Centre	Convener name

- Letter(s) from the EMAC course Convener(s) for the above EMAC courses confirming satisfactory evaluations.

Submit your completed application form and all supporting documentation to the Supervisor of EMAC at your chosen EMAC course center.