

Please briefly describe the reason for this request.
 Please provide your objectives for the program and projected training plans.
 Where do you propose the inaugural ATLS Program will be conducted?
 What is the doctor population in your country that potentially would be interested in participating in the program?
 How is the doctor population distributed in your country (for example, rural versus urban)?
 Please provide a brief overview of how the injured patient is currently managed in your country.

" 5 - 4 1 S P H S B N
 " P U \$ b E M ... "

Request approved by subcommittee?
 Yes No Date _____

Request approved by Executive Committee?
 Yes No Date _____

Letter of approval/deferment sent to requesting entity?
 Yes No Date _____

If request approved, letter of explanation provided?
 Yes No Date _____