



## *Triage: Train The Trainer* Application and Eligibility Form

This program is designed to provide participants with the tools and resources to successfully present the program, **Emergency Triage Toolbelt™** at their facility. Because the content is geared very specifically to the course materials, it is essential that participants already be knowledgeable and have skill in the following;

- Use of powerpoint
  - How to manipulate slides
  - How to interject slides in a presentation
  - How to make slides
- Teaching experience to Nurses
  - ACLS, PALS, BLS
  - Ability to comfortably present educational forum to peer group in both an individual and group setting
- Teaching methods
  - Ability to apply course objectives
  - Ability to utilize and synthesize evaluation tools
  - Ability to re-direct participants in a group setting to focus on content

### **Eligibility Criteria**

In addition to the items above, the trainer should have;

- At least two years full time ED experience as RN within the past three years
- At least two years experience teaching an audience of Nurses (classroom/precepting)
- Overt respect by peer group and viewed as a mentor
- Ability to attend update session for trainers
- Understanding of need to maintain a current knowledge base of triage
- Written approval from organization
- Ability to respect and view different perspectives of triage
- Willingness to embrace and participate in quality review related to triage
- Support to assist in developing ongoing orientation and competency processes related to triage



## Triage: Train The Trainer Application

Name	Credentials		
Employer			
Employer Address			
	City	State	Zip Code
Work Phone	Work Fax		
Email Address			
Your current position/title	How long?		
What was your job prior to this?	How long?		
<b>Education:</b>			
School of Nursing	Year graduated		
Other College			
<b>Teaching experiences:</b>			

What do you feel is the greatest triage challenge for your organization?

How do you feel your ability to teach triage will benefit the staff and the Emergency Department?

**Triage: Train The Trainer  
Application**

*I have reviewed the eligibility criteria for the Triage Trainer and agree that I am qualified for this role. I understand that my success is related to not only attending the trainer course, but also the abilities outlined in this application.*

Your Name Printed

Your Signature

Date

**Please have your manager or organization director sign below**

*I have reviewed the eligibility criteria for the triage trainer role and agree the individual above is qualified and support their application*

Your Name

Title

Phone

Email Address

Date

Application Received	Date	_____	Health Resources Unlimited
Application Reviewed	Date	_____	Health Resources Unlimited
Application Approved	Date	_____	Health Resources Unlimited