



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?		
Education:			
School of Nursing	Year graduated		
Other College			
Teaching experiences:			

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