



ITLS of South Carolina Course Application

***Note: The chapter coordinator must receive this application no later than thirty (30) days prior to the beginning of the course. Open courses will be listed on the South Carolina ITLS website at www.scbtls.com

Application Date: _____/_____/_____

Projected Course Dates: _____/_____/_____

Type of Course: _____

Course Location: _____

Sponsoring Agency: _____

Course Coordinator: _____

Address: _____

Phone Number: _____

E-Mail: _____

Course Medical Director: _____

Course Affiliate Faculty: _____

Course Open or Closed? _____

****Do not write below this line**** Chapter Coordinator Use ONLY

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Received: _____/_____/_____

Course Number Assigned: _____