



CTAS

Instructor/Instructor Trainer Renewal Form

Instructor/Instructor Trainer Information:

Name: _____ Email: _____ Phone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

I would like to renew my CTAS Instructor/Instructor Trainer status Yes No

Eligibility for Renewal:

I am a current NENA member Yes No NENA expiry date: _____
(Attach proof of current NENA membership)

I continue to work in an emergency nursing work environment Yes No

Courses Taught in Past Year:

Date: _____ Location: _____ Date: _____ Location: _____

Date: _____ Location: _____ Date: _____ Location: _____

Date: _____ Location: _____ Date: _____ Location: _____

I confirm that the above is true.

Signature: _____ Date: _____

Payment of \$20.00:

CHEQUE Payable to NENA Inc. Submit via mail to: NENA P.O. Box 365, Chilliwack, BC V2P 6J4

e Transfer to financeadmin@nena.ca

INVOICE

Make Out To: _____ Name: _____ Phone: _____

Send To: _____ Name: _____ Email: _____
Address: _____
City: _____
Province: _____ Postal Code: _____

Please submit this form via email to ctas@nena.ca