



# 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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment of \$20.00:

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

eTransfer to [ctasfinances@nena.ca](mailto:ctasfinances@nena.ca)

INVOICE

Make Out To: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Send To: Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Please submit this form via email to [ctas@nena.ca](mailto:ctas@nena.ca)**