



# CTAS Instructor Course Request

**Instructor Trainer:**

Name: \_\_\_\_\_ Date Last Taught: \_\_\_\_\_ NENA Expiry Date: \_\_\_\_\_

**Instructor Candidates:**

Name: \_\_\_\_\_ Date Approved by NENA: \_\_\_\_\_ NENA Expiry Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date Approved by NENA: \_\_\_\_\_ NENA Expiry Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date Approved by NENA: \_\_\_\_\_ NENA Expiry Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date Approved by NENA: \_\_\_\_\_ NENA Expiry Date: \_\_\_\_\_

**Course Information:**

Provider \_\_\_\_\_ Pre-Hospital \_\_\_\_\_

Date of Course: \_\_\_\_\_ Hospital Hosting Course: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

**Posting of Course on NENA Website:**

This is a closed course, do not post.

Course date and Lead Instructor email \_\_\_\_\_ be posted to nena.ca.

**Instructor Trainers are responsible for notifying the NENA of any course changes.**

I certify that I will make no alterations, additions or eliminations to the CTAS teaching material and understand that all materials are under copyright.

I certify that I will ensure all instructor candidates have been formally approved by NENA prior to this course.

I will ensure that all Instructor Candidates submit their completed CTAS Instructor Development Checklist to [ctas@nena.ca](mailto:ctas@nena.ca) prior to teaching their first course.

**Within** one week of course completion I will submit the CTAS Course Log sheet along with the CTAS Course Funds Report and any fees collected to NENA ([ctas@nena.ca](mailto:ctas@nena.ca)).

Instructor Trainer Signature: \_\_\_\_\_

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

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