CTAS
Course Participant Log

☐ Provider Course ☐ Instructor Course ☐ Pre-Hospital Course

Lead Instructor/Instructor Trainer

Name:

Date: City: Province:

Host Hospital Name:

Participant Name – Please Print or Type	Email Address – Please Print or Type

Please send this form via email to: ctas@nena.ca

Lead Instructor/Instructor Trainer Signature: Date: