



# CTAS Participant Course Request

## Course Lead Instructor

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

## Additional Instructors

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

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

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

## Instructor Candidates Being Monitored

Name: \_\_\_\_\_ Date of Instructor Course: \_\_\_\_\_ NENA Expiry Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Instructor Course: \_\_\_\_\_ NENA Expiry Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Instructor Course: \_\_\_\_\_ NENA Expiry Date: \_\_\_\_\_

## Course Information:

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

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

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

## Posting of this Course on NENA Website:

This is a closed course, do not post.

This course date and Lead Instructor email \_\_\_\_\_ can be posted to nena.ca.

## Lead Instructors 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.

**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).

Lead Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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