



CTAS



Instructor & Instructor Trainer (IT) Renewal Form

Personal Information

Name: _____ Email: _____ Phone: _____

Address: _____

Eligibility for renewal

I have attached a copy of my current NENA membership	Yes	No
I continue to work in an emergency environment and actively triage or assist in triaging patients	Yes	No
I agree to adhere to the administrative procedures as outlined by the most recent Admin Manual	Yes	No
I agree to teach the CTAS material in its entirety and in the intended manner	Yes	No

Courses Taught in the past year (attach documents with more dates if beyond this amount)

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

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

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

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

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

Payment method of **\$20.00** Renewal fee:

Cheque – payable to NENA Inc. Submit via mail to NENA, PO Box 365, Chilliwack, BC V2P 6J4

Credit Card - a secure link will be sent to you to complete your transaction

E-Transfer (EFT) – to ctasfinances@nena.ca (please make a note indicating it is for renewal)

Invoice – **Name:** _____ **Phone:** _____

Make out to -----> _____

Name: _____ **Email:** _____

Send to -----> _____

(if different) **Address:** _____

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