

CTAS Instuctor & Instructor Trainer (IT) Renewal

Personal Information

Name:

Email:

Phone:

Address:

Eligibility for Renewal

I have attached a copy of my current NENA membership

I continue to work in an emergency environment and actively triage or assist in triaging patients

I agree to adhere to the administrative procedures as outlined by the most recent Admin Manual

I agree to teach only the **official** CTAS materials in their entirety and in the intended manner

Courses Taught

Past year only - attach pages with more dates if beyond this.

Date:

Location:

Date:

Location:

Date:

Location:

Date:

Location:

Date:

Location:

Date:

Location:

Payment Method \$30*

*Note Fee Change

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)

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