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## CTAS Instructor Renewal Form

Name:

Address:

City:

Province:

Postal Code:

Phone:

Email:

I would like to renew my CTAS **Instructor status** or **Instructor Trainer status** at the \$20 renewal rate.

Please list date and location of courses taught in the last year (July 1-June 30).

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### Declaration of eligibility for renewal:

1. I am a current NENA member      Yes      No  
My NENA membership expires on: \_\_\_\_\_ (Please attach proof of current NENA membership i.e. membership card /receipt)
2. I have taught the required number of courses in the last year (July 1-June 30)      Yes      No
3. I have completed the required course paperwork and paid all necessary fees.      Yes      No
4. I have maintained acceptable evaluation reports from courses instructed.      Yes      No
5. I continue to work in an emergency nursing work environment.      Yes      No

### Continuing competence:

I demonstrate continued competence in the clinical application of CTAS to ED patients by:

I demonstrate my continued competence and personal/professional growth/education in the C T A S instructor role by:

I confirm that the above statements are true. I may be audited and my CTAS status revoked for making false statements.

Signature:

Date:

Please charge my:    Visa    or    MasterCard

Name on Card:

Card Number:

Expiry Date: