

CTAS Instructor Course Log Sheet

Instructor Trainer

Name: _____ Course Date: _____ Hospital Name: _____

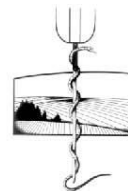
City: _____ Province: _____

Participant Name	Email	Address	City, Province, Postal Code	Phone	NENA Member
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N

PLEASE SUBMIT via fax (613) 523-0190 or email: ctas@caep.ca



CAEP | Canadian Association of Emergency Physicians
ACMU | Association canadienne des médecins d'urgence



AMUQ ASSOCIATION DES MÉDECINS D'URGENCE DU QUÉBEC