

CTAS Instructor Course Request

INSTRUCTOR TRAINER

Name: _____ Date Last Taught: _____

INSTRUCTOR CANDIDATES

Name	Date Approved by NENA
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

COURSE INFORMATION

Course date: _____ Location: _____

City: _____ Province: _____

*INSTRUCTOR TRAINERS ARE RESPONSIBLE FOR NOTIFYING CAEP HEAD OFFICE OF ANY COURSE CHANGES (INCLUDING DATE AND VENUE 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.

I certify that I will ensure all instructor candidates are Registered Nurses and members of NENA prior to attending this course.

I certify that I will present the course operations material to the participants to ensure the instructor candidates will have proper orientation to course paperwork and administration detail. Further I will ensure that all instructor candidates will be monitored by myself at the final course they teach.

I will submit the **Instructor Course Log Sheet** and **Instructor Course Funds Report** (along with \$90 administration fees collected for each Instructor Candidate) to CAEP Head Office within **1 week** of course completion.

Signature: _____ Date: _____

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

