Pre-CTAS Participant Course Log Sheet

Course Lead Instructor

Name: _____ Course Date: _____

City: _____ Province: _____

Hospital Name: _____

Participant Name	Email

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

NENA

Canadian Paediatric Society

AMUQ ASSOCIATION DES MÉDECINS D'URGENCE DU QUÉBEC