

"INSTRUCTOR" RENEWAL

Name: _____

Street address: _____

City: _____ Province: _____ Postal Code _____

Phone: _____ Email: _____

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

Dates and Locations of courses taught in the last year (July 1-June 30)

Date: _____ Location: _____ Date: _____ Location: _____

Date: _____ Location: _____ Date: _____ Location: _____

Date: _____ Location: _____ Date: _____ Location: _____

Date: _____ Location: _____ Date: _____ Location: _____

Declaration of eligibility for renewal:

1. I am a current NENA member Yes No **My NENA membership expires on:** _____

(Attach proof of current NENA membership i.e. membership card /receipt)

2. I have taught the required minimum number of 1 course 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 in the CTAS 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: _____

Payment:

Please charge my: Visa or MasterCard Name on Card: _____

Card Number: _____ CVV: _____ Expiry Date: _____

Please submit this form via email to: ctas@caep.ca, or fax: 613-523-0190

For questions contact Sandy Niemczak, CTAS Coordinator: 1-613-523-3343 x 18

