



Instructor Registration Form

Please type or print or clearly. Illegible forms will be returned.

All Instructors must meet the ACoRN Instructor requirements. Return completed form with payment to: ACoRN Instructor Registration, Canadian Paediatric Society | 100-2305 St. Laurent Blvd, Ottawa, ON K1G 4J8 | Fax: 613-526-3332



INSTRUCTOR INFORMATION

NRP Status (Must be current) NRP Instructor Trainer NRP Instructor NRP Provider **NRP ID#:** _____

Dr. Mr. Ms. **First Name:** _____ **Last Name:** _____

Credential (check only one - your primary role): MD RN NP RM RRT Other: _____

ACoRN Instructor level (check one): Instructor Instructor Trainer **Affiliated hospital/institution:** _____

Work Address: _____

City: _____ Province: _____ Postal Code: _____ Tel.: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____ Tel.: _____

Preferred **MAILING** Address: Work Home Preferred **LANGUAGE:** English French **Email:** _____

CONFIRMATION OF CO-TEACH COURSE

New Instructor candidates must successfully “co-teach” an ACoRN course with an experienced ACoRN Instructor Trainer

Date of **Instructor course:** _____ Date **ACoRN exam** completed: _____

Date **Co-Teach** course completed: _____ **Instructor Trainer/Delegate** signature _____ NRP ID# _____

REGISTRATION FEE

Instructors are required to pay a registration fee of **\$135 plus tax** every three years.

VISA MasterCard Card #: _____ Exp.date: _____ CVV: _____ Card Holder's Name: _____

Programs wishing to pay by cheque for multiple Instructors contact acorn@cps.ca.

I verify that the information provided on this form is accurate and I consent to the sharing of my information. By completing this form, you agree to the terms of [CPS' Privacy Policy](#) and to receiving communications from the CPS.

Signature: _____

Date: _____