



ACoRN Course Roster



NEONATAL LIFE SUPPORT

Course rosters must be submitted online through the NLS portal within a week of the course. Once submitted online, participants can login to their existing accounts to access their ACoRN card.

Use a separate roster for each course. Type or print clearly. Keep a paper or PDF copy of the roster for 3 years.

COURSE INFORMATION

Course End Date: _____

Course Location: _____

Course Level: Provider New Instructor Instructor Update Instructor Trainer Instructor Update

LEAD INSTRUCTOR INFORMATION

Lead instructor NLS ID #: _____ Name: _____ E-mail: _____

ADDITIONAL INSTRUCTOR INFORMATION (will receive the same credit as the lead Instructor)

Instructor Name	NLS ID #	Work Institution	E-mail

Note: Use separate sheet if additional space is needed.

TEAM TEACH

Instructor Candidate Name	NLS ID #	Instructor Candidate Email	Supervisor Name	NLS ID #

LEAD INSTRUCTOR VERIFICATION

I verify that the persons listed on the roster have successfully completed the ACoRN Online Exam and demonstrated the required practical skills during the in-person course for the ACoRN Program in accordance with the standards of the Canadian Paediatric Society.

Lead Instructor's Signature: _____

Date: _____

No.	Student Name <i>As it should appear on ACoRN Card</i>	Professional Credential	Work Institution	E-mail <i>Please use the same email address that you provided for your NRP course</i>	Online ACoRN Exam
1		<input type="checkbox"/> MD <input type="checkbox"/> RM <input type="checkbox"/> RN <input type="checkbox"/> RPN/LPN <input type="checkbox"/> RRT <input type="checkbox"/> Other _____			<input type="checkbox"/> Exam completed
2		<input type="checkbox"/> MD <input type="checkbox"/> RM <input type="checkbox"/> RN <input type="checkbox"/> RPN/LPN <input type="checkbox"/> RRT <input type="checkbox"/> Other _____			<input type="checkbox"/> Exam completed
3		<input type="checkbox"/> MD <input type="checkbox"/> RM <input type="checkbox"/> RN <input type="checkbox"/> RPN/LPN <input type="checkbox"/> RRT <input type="checkbox"/> Other _____			<input type="checkbox"/> Exam completed
4		<input type="checkbox"/> MD <input type="checkbox"/> RM <input type="checkbox"/> RN <input type="checkbox"/> RPN/LPN <input type="checkbox"/> RRT <input type="checkbox"/> Other _____			<input type="checkbox"/> Exam completed
5		<input type="checkbox"/> MD <input type="checkbox"/> RM <input type="checkbox"/> RN <input type="checkbox"/> RPN/LPN <input type="checkbox"/> RRT <input type="checkbox"/> Other _____			<input type="checkbox"/> Exam completed
6		<input type="checkbox"/> MD <input type="checkbox"/> RM <input type="checkbox"/> RN <input type="checkbox"/> RPN/LPN <input type="checkbox"/> RRT <input type="checkbox"/> Other _____			<input type="checkbox"/> Exam completed
7		<input type="checkbox"/> MD <input type="checkbox"/> RM <input type="checkbox"/> RN <input type="checkbox"/> RPN/LPN <input type="checkbox"/> RRT <input type="checkbox"/> Other _____			<input type="checkbox"/> Exam completed
8		<input type="checkbox"/> MD <input type="checkbox"/> RM <input type="checkbox"/> RN <input type="checkbox"/> RPN/LPN <input type="checkbox"/> RRT <input type="checkbox"/> Other _____			<input type="checkbox"/> Exam completed
9		<input type="checkbox"/> MD <input type="checkbox"/> RM <input type="checkbox"/> RN <input type="checkbox"/> RPN/LPN <input type="checkbox"/> RRT <input type="checkbox"/> Other _____			<input type="checkbox"/> Exam completed
10		<input type="checkbox"/> MD <input type="checkbox"/> RM <input type="checkbox"/> RN <input type="checkbox"/> RPN/LPN <input type="checkbox"/> RRT <input type="checkbox"/> Other _____			<input type="checkbox"/> Exam completed