

NRP Instructor-Trainer Letter of Support

To _____,
Name of provincial/regional committee

I am writing this letter on behalf of _____ in support
Name of sponsoring institution

of _____'s request to remain an NRP Instructor-Trainer.
Name of Instructor-Trainer

The applicant meets all of the following eligibility requirements:

- ☐ Current licensure as an RN, MD, RM, or RRT
- ☐ Current and relevant neonatal experience
- ☐ Current educational and/or clinical responsibility within the institution above

I am confident that _____ will:
Name of Instructor/Instructor-Trainer

- ☐ Implement NRP programming in our institution in accordance with national guidelines
- ☐ Mentor and be a resource for NRP Providers/Instructors within our institution and region
- ☐ Demonstrate the requisite knowledge, skills and confidence to work with members of the interprofessional team

I am aware that support may be requested to cover the cost of renewal with the Canadian Paediatric Society.

I acknowledge that institutional support is integral to the success of NRP programming and education and our institution is committed to providing support for ongoing NRP activities including resources, equipment, space and/or personnel.

Sincerely,

Name (print)

Signature

Title

Date

Email

Telephone