



NRP Course Roster

NEONATAL LIFE SUPPORT

Course rosters must be submitted through the NLS portal within one week of the course. After submission, new students will automatically receive an email with instructions to access their NRP card; renewing students can log in to their existing accounts to retrieve it.

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 Date: _____

Course Location: _____

Course Level: Provider New Instructor

Instructor Update

Instructor Trainer

Individual Integrated Skill Station Assessment (ISSA):

Basic

Advanced

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 NRP Online Learning Assessment and demonstrated the required practical skills during the in-person course for the Neonatal Resuscitation Program in accordance with the standards of the Canadian Paediatric Society.

Lead Instructor's Signature: _____

Date: _____

No.	Student Name As it should appear on NRP Card	Credential	Work Institution	E-mail ¹ Must be unique to the person Please use your personal email address	Online Learning Assessment (OLA)	ISSA
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"/> OLA (exam) completed	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced
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"/> OLA (exam) completed	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced
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"/> OLA (exam) completed	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced
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"/> OLA (exam) completed	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced
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"/> OLA (exam) completed	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced
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"/> OLA (exam) completed	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced
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"/> OLA (exam) completed	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced
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"/> OLA (exam) completed	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced
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"/> OLA (exam) completed	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced
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"/> OLA (exam) completed	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced

¹ By providing your email, you consent to the sharing of your information with CPS and NRP/ACoRN provincial liaisons for program monitoring, administration, and related activities, and you grant CPS permission to contact you using this information. Your information will be used and stored in compliance with applicable provincial privacy laws.