Instructor Information		
□ Dr. □ Mr. □ Ms. First Name:		
Credential (check only one - your primary role):	□ MD □ RN □ NP □ RM □ RRT □ Other:	
	structor Trainer Affiliated hospital/institution:	
Business Address:		
City:	Province: Postal Code: Country:	
Tel.:	*E-mail (required for NRP updates and reminders):	
Home Address:		
City:	Province: Postal Code: Country:	
City: Tel.: Preferred MAILING Address: Business Home Demonstration Course ("Team Teach")	Province: Postal Code: Country: *E-mail (required for NRP updates and reminders): Preferred BILLING Address: D Business D Home Preferred LANGUAGE for correspondence:	
Tel.: Preferred MAILING Address: Business Home Demonstration Course ("Team Teach")	*E-mail (required for NRP updates and reminders):	
Tel.: Preferred MAILING Address: Business Home Demonstration Course ("Team Teach") New Instructor candidates must successfully "team Date of Instructor Course:	*E-mail (required for NRP updates and reminders): Preferred BILLING Address: D Business D Home Preferred LANGUAGE for correspondence: teach" an NRP course with an Instructor Trainer or Delegate.	□ English □ French
Tel.:	*E-mail (required for NRP updates and reminders): Preferred BILLING Address: D Business D Home Preferred LANGUAGE for correspondence: teach" an NRP course with an Instructor Trainer or Delegate. Date Instructor Demonstration Course ("team teach") completed:	. □ English □ French
Tel.: Preferred MAILING Address: Business Home Demonstration Course ("Team Teach") New Instructor candidates must successfully "team Date of Instructor Course:	*E-mail (required for NRP updates and reminders): Preferred BILLING Address: D Business D Home Preferred LANGUAGE for correspondence: teach" an NRP course with an Instructor Trainer or Delegate.	□ English □ French
Tel.: Preferred MAILING Address: Dusiness Home Demonstration Course ("Team Teach") New Instructor candidates must successfully "team Date of Instructor Course: Attach a copy of your NRP exam transcript	*E-mail (required for NRP updates and reminders): Preferred BILLING Address: D Business D Home Preferred LANGUAGE for correspondence: teach" an NRP course with an Instructor Trainer or Delegate. Date Instructor Demonstration Course ("team teach") completed: Instructor Trainer /Delegate signature	. □ English □ French
Tel.: Preferred MAILING Address: Dusiness Demonstration Course ("Team Teach") New Instructor candidates must successfully "team Date of Instructor Course: Attach a copy of your NRP exam transcript Registration Fee Instructors are required to pay a registration of \$135 (plue)	*E-mail (required for NRP updates and reminders): Preferred BILLING Address: D Business D Home Preferred LANGUAGE for correspondence: teach" an NRP course with an Instructor Trainer or Delegate. Date Instructor Demonstration Course ("team teach") completed: Instructor Trainer /Delegate signature	☐ English ☐ French Instructor ID#
Tel.: Preferred MAILING Address: Business Home Demonstration Course ("Team Teach") New Instructor candidates must successfully "team Date of Instructor Course:	*E-mail (required for NRP updates and reminders): Preferred BILLING Address: D Business D Home Preferred LANGUAGE for correspondence: teach" an NRP course with an Instructor Trainer or Delegate. Date Instructor Demonstration Course ("team teach") completed:	. □ English □ French