



# Neonatal Resuscitation Program – New Instructor Registration Form

Please type or print or clearly.

For information on NRP Instructor Registration visit [www.cps.ca/en/nrp-prn/instructors](http://www.cps.ca/en/nrp-prn/instructors)



## Instructor Information

Dr.  Mr.  Ms. First Name: 

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 Last Name: 

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

**Instructor level** (check one):  Instructor  Instructor 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: \_\_\_\_\_

Tel.: \_\_\_\_\_ \*E-mail (required for NRP updates and reminders): \_\_\_\_\_

Preferred **MAILING** Address:  Business  Home Preferred **BILLING** Address:  Business  Home Preferred **LANGUAGE** for correspondence:  English  French

## Demonstration Course (“Team Teach”)

*New Instructor candidates must successfully “team teach” an NRP course with an Instructor Trainer or Delegate.*

Date of Instructor Course: \_\_\_\_\_  Date Instructor Demonstration Course (“team teach”) completed: \_\_\_\_\_

Attach a copy of your NRP exam transcript

\_\_\_\_\_  
Instructor Trainer /Delegate signature Instructor ID#

## Registration Fee

Instructors must pay a \$135 registration fee (plus applicable taxes). Once your registration is processed, you will receive an email with payment instructions.

I verify that the information provided on this form is accurate and I consent to the sharing of my information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Confidentiality

Your information will be kept confidential and collected, used and stored in accordance with provincial privacy laws. By submitting this form, you consent to the Canadian Paediatric Society sharing your personal information with NRP organizations in Canada and internationally for the purposes of administering NRP activities and monitoring Instructor Trainers and Instructors.

**Return completed form by email to [nrp@cps.ca](mailto:nrp@cps.ca)**