

Canadian Neonatal Resuscitation Program Course Roster, 8th edition



Please use a separate roster for each course. A paper or PDF copy of the roster should be kept for 3 years.

Course rosters should be submitted online through the NRP Instructor database within a week of the course. Once submitted online, an email will be sent to new students with information to retrieve their NRP card—renewing students can login to their existing accounts.

www.cps.ca/en/nrp-prn/database-login

Course Information

Course Date: _____

Course Level: Provider New Instructor Instructor Update Instructor Trainer

Exam lessons: 1-11

Individual Integrated Skill Station Assessment (ISSA): Basic Advanced

Course Location: _____

Lead Instructor Information

Lead instructor NRP ID #: _____

Name: _____

E-mail: _____

Assisting Instructor Information *(will receive the same credit as the lead Instructor)*

Instructor Name	NRP ID #	Work Institution	E-mail

Note: Use separate sheet if additional space is needed.

I verify that the persons listed on the roster have successfully completed the national cognitive and performance examinations for the Neonatal Resuscitation Program in accordance with the standards of the Canadian Paediatric Society, the American Academy of Pediatrics and the American Heart Association.

Lead Instructor's Signature: _____

Date: _____

No.	Student Name <i>As it should appear on NRP Card</i>	Credential*	Work Institution	E-mail <i>Must be unique to the person</i>	Exam Completion Verified	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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> Exam Completed	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced

Submit rosters online at www.cps.ca/en/nrp-prn/database-login

*Note: MD: Medical Doctor; RN: Registered Nurse; RRT: Registered Respiratory Therapist; RM: Registered Midwife; RPN/LPN: Registered Practical Nurse/Licensed Practical Nurse