

## Neonatal Resuscitation Program (NRP) Instructor Course

### Application Form

### 2024

Thank-you for your interest in becoming a Neonatal Resuscitation Program Instructor!

The Canadian Pediatric Society has established eligibility criteria for becoming registered as an NRP Instructor in Canada. The Neonatal Resuscitation Program (NRP) Instructor Trainers in Saskatchewan partners with interested individuals to ensure that eligibility criteria is met prior to formal registration and acceptance to the NRP Instructor course.

The **Eligibility Criteria** include:

- Must be registered as a regulated professional as one of the following: Licensed Physician (Resident or Fellow), Registered Nurse, Registered Respiratory Therapist, Registered Midwife;
- Have a sponsoring institution that supports neonatal resuscitation programming;
- Have relevant and ongoing experience in neonatal resuscitation. This is further defined as having a minimum of 2 years **recent** experience providing obstetrical / neonatal care **and** a minimum of 2 years' **recent** experience as an NRP Provider;
- Successfully completed a NRP Provider course with an advanced Individual Integrated Skills Assessment (ISSA) in the past 6 - 12 months;
- Completed the 8<sup>th</sup> edition Online Exam within the preceding **twelve (12) months** of the course. If it has been longer than 12 months, you will need to re-take the exam prior to the course.

If you are uncertain regarding your eligibility, please contact Christina Santo at [christina.santo@saskhealthauthority](mailto:christina.santo@saskhealthauthority) or at 306-786-0828.

The application process requires the following:

**Completion of the NRP Instructor Course Application Form, which includes:**

**Page 2** Information we require to confirm your eligibility

**Page 3** Overview of your experience in neonatal care and professional development

**Institutional Support Form** completed and signed by your Manager or Administrative Head establishing support for NRP and your role as NRP Instructor in your organization.

**Once your application is complete, please send to:**

**Christina Santo, Outreach Coordinator**  
**Maternal & Children's Provincial Program –**  
**Saskatchewan Health Authority**  
**Phone: 306-786-0828**

**Send Application via e-mail to:**  
[\*\*christina.santo@saskhealthauthority.ca\*\*](mailto:christina.santo@saskhealthauthority.ca)

## NRP Instructor Course Application Form

First Name

Last Name

Mailing Address:

City:

Prov:

Postal Code:

E-mail Address

Phone Number

*Mandatory for all course correspondence*

Organizational or Institutional Affiliation:

**Please check all that apply to confirm your eligibility.**

I am currently licensed as a:

Registered Nurse

Nurse Practitioner or Neonatal Nurse Practitioner

Registered Midwife

Registered Respiratory Therapist

Family Physician

Pediatrician General Practice

Pediatrician

Neonatology

Other

### Confirmation of recent experience

I have a minimum of 2 years' recent experience as an NRP Provider.

I have a minimum of 2 years' recent experience working with neonates [For example, in an obstetrical / birthing unit, NICU, Newborn Nursery]

### Confirmation of completion of NRP Provider Course and online exam

I have completed the NRP Provider Course within the past **12 months** which includes an Advanced Individual Skills Station Assessment (ISSA).

I have included my most recent NRP Provider card with the application submission. If you cannot find your card, it is available to you on the CPS NRP Database at <http://www.cps.ca/en/nrp-prn/database-login>

I have completed the 8<sup>th</sup> ed. NRP Online exam within in the past **12 months**

I have included a copy of the Exam Certification with the application submission.

Page 3 of 4

**If you need to complete an NRP online exam and course prior to the NRP Instructor Workshop please indicate this below. Verification of successful completion will be required prior to the NRP Instructor Workshop.**

I need to re- take the exam. I understand that verification of successful completion of the NRP Online Exam will be required prior to the course.

**Confirmation of institution or organization support.**

I have support from my institution or organization to become an NRP Instructor. *Please submit the completed "NRP Confirmation of Institution Support Form on page 4.*

I have included the Confirmation of Institutional Support Form with the application submission.

Please describe your experience in caring for neonates and in performing/assisting with neonatal resuscitation at birth and/or the immediate post-birth period.

*(NOTE: Relevant experience in neonatal care is a requirement for becoming an NRP Instructor).*

Describe your current area of clinical practice and how it relates to your interest in becoming an Instructor of NRP. How do you see your role as an NRP Instructor contributing to the development and mentorship of health professionals in your facility?

***In addition to teaching NRP courses,*** in what way have you planned to maintain currency in neonatal resuscitation practices and education?

**Once you are approved you will receive an email to direct you to register for the NRP Instructor Workshop through the University of Saskatchewan CME department. You will then receive further information regarding the workshop. Thank you for taking the time to complete and submit this application.**

## **INSTITUTIONAL SUPPORT – NRP Instructor Course**

**Please have the following completed by your Administrator or Manager.**

I am writing this letter in support of \_\_\_\_\_  
\_\_\_\_\_’s request to become an NRP Instructor for \_\_\_\_\_ (name of site).

The Applicant meets all of the following eligibility requirements:

- Current licensure as an RN, MD, RM or RT
- Relevant and recent neonatal experience consistent with professional scope of practice
- Current educational and/or clinical responsibility within the institution above

I am confident that \_\_\_\_\_ will:

**Implement NRP programming in our facility or institution in accordance with national guidelines**

**Mentor and be a resource for NRP Providers/Instructors within our institution and province**

**Demonstrate the requisite knowledge, skills and confidence to work with members of the interprofessional team**

**Emphasize in NRP Provider courses to participants that courses provide skills practice and context, but does not confer certification or indicate competency**

I am aware that support may be requested to cover the cost of the NRP Instructor workshop fee, course materials (NRP Instructor Manual) and/or registration with the Canadian Paediatric Society.

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

Should you have any questions do not hesitate to contact me.

Manager of Administrator Name:

Title within facility or organization:

Date:

**Signature**