

ACoRN: Acute Care of the at-Risk Newborn Instructor Course
Application Form
2025

Thank-you for your interest in becoming an Acute Care of the at-Risk Newborn (ACoRN) Instructor!

The Canadian Pediatric Society has established eligibility criteria for becoming registered as an ACoRN Instructor in Canada. The Maternal and Children’s Provincial Program ACoRN Committee in Saskatchewan partners with interested individuals to ensure that eligibility criteria is met prior to formal registration and acceptance to the ACoRN Instructor course.

The **Eligibility Criteria** include:

- Must be a licensed regulated professional in one of the following roles: Neonatologist, Pediatrician, Registered Nurse (RN), Registered Respiratory Therapist (RRT), or Nurse Practitioner (NP).
- Must have relevant and ongoing experience in neonatal resuscitation and stabilization. It is strongly recommended to be actively working in the NICU and/or directly providing care for ill or unwell neonates, or in a Clinical Nurse Educator (CNE) or Clinical Resource Nurse (CRN) role.
- Must be supported by a sponsoring institution that is committed to neonatal resuscitation and stabilization of critically ill neonates.
- Must be a current NRP Provider, NRP Instructor, or NRP Instructor Trainer.
- Must successfully complete the ACoRN online exam within 12 months prior to the ACoRN Instructor workshop.
- It is strongly recommended that individuals complete an ACoRN Provider course within the last 24 months to ensure they have up-to-date, evidence-based training, reinforcing their proficiency in applying ACoRN sequences during the instructor course.

If you are uncertain regarding your eligibility, please contact Natasha Routly at matchildKMU@saskhealthauthority.ca or at 306-446-6016

The application process requires the following:

Completion of the ACoRN 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 ACoRN and your role as ACoRN Instructor in your organization.

Once your application is complete, please send to:

**Natasha Routly, Maternal and Children’s Outreach
Coordinator
Maternal & Children’s Provincial Program –
Saskatchewan Health Authority
Phone: 306-446-6016**

**Send Application via e-mail to:
Natasha.hydukewich@saskhealthauthority.ca**

ACoRN 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

Neonatal Nurse Practitioner

Pediatrician

Neonatologist

Registered Respiratory Therapist

Confirmation of recent experience

I have a current NRP Provider, Instructor or Instructor Trainer status

I have a current ACoRN Provider Card within the last 24 months

I currently work within a Neonatal Intensive Care Unit (NICU)

I am actively involved in care of ill or unwell neonates or an educator in the NICU

Confirmation of completion of ACoRN Provider Course and online exam

I have completed the online ACoRN Exam in the past 12 months and have included my certificate with the application submission.

I have included my most recent ACoRN Provider card with the application submission if taken ACoRN prior to instructor course. If you cannot find your card, it is available to you on the CPS Database at <https://nls.cps.ca/app.html/access>

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 Database at <http://www.cps.ca/en/nrp-prn/database-login>.

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

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

Confirmation of institution support.

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

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

Please elaborate on your experience in providing care for neonates, including performing or assisting with and neonatal resuscitation and stabilization at birth and/or during the immediate post-birth period, as well as your experience in the Neonatal Intensive Care Unit (NICU)?

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

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

In addition to teaching ACoRN Provider courses, in what ways do you have planned to maintain currency in neonatal resuscitation practices, stabilization and education?

Do you intend to support provincial ACoRN programming in collaboration with Maternal and Children's Provincial Program?

Once you are approved you will receive an email to direct you to register for the ACoRN 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 – ACoRN 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 ACoRN Instructor for

The Applicant meets all of the following eligibility requirements:

- Current licensure as an RN, MD, NNP, or RRT
- 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 ACoRN programming in our facility or institution in accordance with national guidelines
Mentor and be a resource for ACoRN Providers/Instructors within our institution and province
Demonstrate the requisite knowledge, skills and confidence to work with members of the interprofessional team
Emphasize in ACoRN Provider courses to participants that courses provide skills practice and context, but does not confer certification or indicate competency
Support provincial ACoRN Programming in collaboration with Maternal and Children's Provincial Program.

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

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

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

Manager or Administrator Name:

Title within facility or organization:

Date:

Signature