

Pediatric & Neonate SUPRAGLOTTIC AIRWAYS- TRAIN THE TRAINER Application Form

Thank-you for your interest in becoming a Supraglottic Airways Trainer for your local site!

The **Eligibility Criteria** include:

- Must be registered as a regulated professional and designated to provide training for Supraglottic Airways in your department or area. Examples of professionals eligible Registered Nurse, Registered Nurse with Advanced Authorized Practice, Nurse Practitioner, Registered Psychiatric Nurse
- Have a sponsoring facility that supports Supraglottic Airways Clinical Procedure implementation
- Successfully completed all Supraglottic Airways Learning Modules
- Completed review of Clinical Procedure Supraglottic Airways- Emergency Insertion, Care of and Removal CS-CP-0030
- Completed review of Supraglottic Airways FAQs

If you are uncertain regarding your eligibility, please contact Christina Santo and Katie Nussbaum at MatChildKMU@saskhealthauthority.ca.

The application process requires the following:

Completion of the Supraglottic Airways Train the Trainer Application Form, which includes:

- **Page 2** Information we require to confirm your eligibility
- **Page 3 Institutional Support Form-** completed and signed by your Manager or Administrative Head establishing support for your role as Supraglottic Airways Trainer in your facility/area.

Once your application is complete, please send via e-mail to: MatChildKMU@saskhealthauthority.ca

Thank you,

Christina Santo & Katie Nussbaum

Mat/Child KMU Outreach Coordinators

Pediatric & Neonate SUPRAGLOTTIC AIRWAYS- TRAIN THE TRAINER Application Form

First Name

Last Name

Mailing Address:

City:

Province:

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

Registered Psychiatric Nurse

Nurse Practitioner

Other

Confirmation of eligibility, I have:

Successfully completed all of the Supraglottic Airways Learning Modules, certificates attached with application

Completed review of Clinical Procedure Supraglottic Airways- Emergency Insertion, Care of and Removal CS - CP-0030

Completed review of Supraglottic Airways FAQs

Included the Confirmation of Institutional Support Form with the application submission.

Indicate which session you are interested in attending:

Regina:

January 19th 1-4 pm or March 4th 1-4 pm

Saskatoon:

January 11th 1-4 pm or March 12th 1-4 pm

Once you are approved you will receive an email to direct you to register for the Pediatric & Neonatal Supraglottic Airways Train the Trainer session through the University of Saskatchewan CME department. You will then receive further information regarding the session. Thank you for taking the time to complete and submit this application.

INSTITUTIONAL SUPPORT
Pediatric & Neonate Supraglottic Airways
Train the Trainer Session

Please have the following completed by your administrator or manager.

I am writing this letter in support of _____ 's (name of applicant) request to attend
the Supraglottic Airways Train the Trainer session for _____ (name of site).

I am confident that _____ (name of applicant) will:

Implement the Supraglottic Airways Clinical Procedure in our facility

Mentor and be a resource for providers within our facility

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

I am aware that support may be requested to cover the costs associated with attending the training session, and materials/equipment required for training locally.

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

Manager of Administrator Name:

Title within facility or organization:

Date:

Signature