

NRP Instructor Course



Neonatal
Resuscitation
Program

LETTER OF SUPPORT FOR NRP INSTRUCTOR CANDIDATE

Date: _____

I am writing this letter on behalf of _____ in support of _____'s
(Name of sponsoring institution) (Name of the applicant)

quest to become a **Neonatal Resuscitation Program (NRP) Instructor.**

I confirm that the applicant meets the following eligibility requirements:

Current NRP Provider status (Lessons 1-11). (Applicant must provide NRP Provider card as proof of current NRP Provider status).

Currently licensed as an RN, MD, RM, RT or *other, specify: _____ (*Must be approved by the Regional NRP committee).

Relevant neonatal experience consistent with professional scope of practice.

Current educational and/or clinical responsibility within the institution named above.

Recent completion of the NRP online exam. (Applicant must provide 'Online Verification Certificate', dated within 12-months of Instructor Workshop).

I am confident that _____ will:
(Name of the applicant)

Implement NRP programming in our institution / region in accordance with national guidelines.

Mentor and be a resource for NRP Providers/Instructors within our institution and region.

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

Emphasize to Provider course participants that courses provide skills practice and context, but courses **do not imply or indicate competency.**

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

I acknowledge that institutional support is integral to the success of NRP programming and education, and our 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.

Name (print)

Title

Email

Telephone

PLEASE CLICK SUBMIT TO RETURN THE COMPLETED FORM, OR SAVE COMPLETED FILE AND EMAIL TO: nrp.rcp@iwk.nshealth.ca