

# NRP INSTRUCTOR REGISTRATION LETTER OF SUPPORT

Date: \_\_\_\_\_

I am writing this letter on behalf of \_\_\_\_\_  
Name of sponsoring institution that provides newborn care

in support of \_\_\_\_\_'s quest to continue as a Neonatal  
Name of Instructor/Instructor-Trainer

Resuscitation Program (NRP)  Instructor  Instructor-Trainer.

The applicant meets all of the following eligibility requirements:

- Current NRP Instructor status
- Current licensure as an RN, MD, RM or RRT
- Current and relevant neonatal experience
- Current educational and/or clinical responsibility within the institution above

I am confident that \_\_\_\_\_ will:  
Name of Instructor/Instructor-Trainer

- Implement NRP programming in our institution 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

I am aware that support may be requested to cover the cost of the course materials (*textbook and Instructor manual*) and registration with the Canadian Paediatric Society (\$ 115 + taxes for a 3 year period).

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.

Sincerely,

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

### **Contact information**

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email