



NRP INSTRUCTOR CANDIDATE – LETTER OF INTENT

Name: _____ Profession: _____

Institution and Position: _____

Email Address and Phone Number: _____

Number of years as an NRP Provider: _____

Please tell us a bit about yourself, including:

- a. why you want to become an NRP Instructor,
- b. your current and relevant clinical experience,
- c. your current and relevant teaching experience and
- d. your vision of your role as an NRP Instructor.

Please feel free to use another page if you require additional space.

Signature _____ Date _____

Thank you – your application will be reviewed and successful applicants notified.