



Letter of Support: ☐ NRP Instructor ☐ NRP Instructor Trainer

To: \_\_\_\_\_

I am writing this letter on behalf of \_\_\_\_\_  
Name of sponsoring institution

In support of \_\_\_\_\_ quest to become a Neonatal Resuscitation Program (NRP):  
Name of Instructor Candidate

☐ Instructor ☐ Instructor Trainer

The applicant meets all of the following eligibility requirements:

- ☐ Current CPS NRP Provider Status (Lessons 1 – 11; Advanced ISSA).
- ☐ Current licensure as a RN, MD, RM, or RT.
- ☐ Current and relevant neonatal experience.
- ☐ Current educational and/or clinical responsibility within the institution above.

I am confident that \_\_\_\_\_ will:  
Name of Instructor Candidate

- ☐ 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 institutional support may be requested to cover the cost of the workshop fee, course materials (current NRP Textbook) and/or registration with the Canadian Paediatric 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.

Sincerely,

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone