

**ENPC INSTRUCTOR COURSE-  
PARTICIPANT DATA FORM  
April 1st evening (pre-testing)  
And April 2<sup>nd</sup>, 2009 (Course)**

**Must be submitted no later than Feb 23<sup>rd</sup>, 2009**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

E-mail (**required**)

\_\_\_\_\_

RN License Number (required) and state \_\_\_\_\_

Employment experience (please list current position first and include dates of employment) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education (basic preparation through highest degree held): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continuing education offerings attended in the last two years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continuing education offerings presented in the last two years: \_\_\_\_\_

---

---

---

---

Statement expressing commitment to and interest in teaching future ENPC courses: \_\_\_\_\_

---

---

---

---

Course Director in your area \_\_\_\_\_  
(may leave blank if unsure)

Submitted:

- \_\_\_ Copy **current** ENPC provider card
- \_\_\_ ENPC Course Data Form
- \_\_\_ Copy current nursing license
- \_\_\_ Letter indicating instructor potential from Provider Course Director
- \_\_\_ Fee \$250 if in state. \$350 if out of state (payment may be made online by credit card if accepted into class).

Notification of acceptance into the instructor course will occur by March 8<sup>th</sup>, 2009

Please forward the application to:

Mary Otting  
3125 W Addison #3  
Chicago, IL 60618

Or fax 773-880-4437 attention MO or email [motting@childrensmemorial.org](mailto:motting@childrensmemorial.org)