

**ENPC INSTRUCTOR COURSE
PARTICIPANT DATA FORM
May 5th evening (Pre-Testing)
May 6th (Course)**

Must be submitted no later than March 12, 2010.

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)

Submit the following:

- ___ **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 30th, 2010.

Please forward the completed application to:

Mary Otting
3125 W. Addison #3
Chicago, IL 60618

Or fax to 773-880-3429, attention MO or email motting@childrensmemorial.org.