

Request for Professional Practice Presentation

Name: _____ Designation: _____

Position: _____

Employer: _____ Facility: _____

Contact Email: _____ Phone Number: _____

Preferred dates for the presentation:

Location of presentation:

Presentation you are requesting (Code of Ethics; Continuing Competence;
Documentation; Medication Administration; Scope of Practice; Other, please specify):

Reason for request:

- I need a basic review of information for my staff in the next month
- There are identified issues that require individualized consultation
- Other, please specify below

If you are not a manager, is your manager aware of this request? Yes No

Expected number of attendees (RNs, RPNs, LPNs, others):

Available equipment:

- Computer with internet access
- Computer without internet access
- Projector
- Screen

Additional information:

PLEASE RETURN FORM TO LINKS@CRNS.CA

