

Professional Practice Presentation Booking Request

Name: _____ Designation: _____

Position: _____

Employer: _____ Facility/Unit: _____

Contact email: _____ Phone number: _____

Presentation preferred dates and times (minimum four weeks notice required):

Presentation platform preference:

- Virtual
- In Person
- No preference: virtual or in person

For in person requests, please specify the location of the presentation:

Requesting presentation (i.e., Code of Ethics; Continuing Competence; Documentation; Medication Administration; Scope of Practice; or, other):

Reason for request:

- Review of the CRNS's document, guideline, and/or resource information
 - Identified professional practice issues, requiring an indepth presentation
 - Other, please specify below:
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If you are not a manager, is your manager in support of this request?

- Yes
- No

