



PROVINCIAL EMERGENCY DEPARTMENT ORIENTATION

Submit by email to: registrations@southernhealth.ca (or click 'Submit Form' below)

Registration Form (please complete all fields)

[WRHA Emergency Nursing Orientation Calendar 2024](#) (click to open)

Which level are you registering for?	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 (click all that apply)
Which dates?	
Name	
Position/Title	
Employee ID #	
Registration number (CRNM/CLPNM)	
Facility/Program	
Home City	
Home/Cell # (in case of cancellation)	
Email Address (confirmation sent to this address)	
Have you taken ACLS? (if so, please indicate the date)	
Have you taken CTAS? (if so, please indicate the date)	
Have you taken TNCC? (if so, please indicate the date)	

Please note: your staff will receive confirmation closer to the start date (sometimes less than a week before the start date) with all of the information they need for the education. The communication will come from the WRHA and not Staff Development.