



Saskatchewan Registered  
Nurses Association  
2066 Retallack Street  
Regina, Saskatchewan  
S4T 7X5

## 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:

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**PLEASE RETURN FORM TO [LINKS@SRNA.ORG](mailto:LINKS@SRNA.ORG)**

