



APPLICATION TO SERVE IN THE **CNA CERTIFICATION MENTORSHIP PROGRAM**

Please provide your contact information:

Name: _____

CNA Certification #: _____

Address: _____

Telephone: _____

E-mail: _____

Today's Date: _____

Please indicate the specialties/areas of nursing practice in which you are currently certified.

- | | |
|---|--|
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Community Health | <input type="checkbox"/> Neuroscience |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Critical Care Pediatrics | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Orthopaedics |
| <input type="checkbox"/> Enterostomal Therapy | <input type="checkbox"/> PeriAnesthesia |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Perinatal |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> Perioperative |
| <input type="checkbox"/> Hospice Palliative Care | <input type="checkbox"/> Psychiatric and Mental Health |
| <input type="checkbox"/> Medical-Surgical | <input type="checkbox"/> Rehabilitation |

Please indicate the province or territory in which you practise (i.e., have a current RN licence):

- | | |
|--|--|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Northwest Territories |
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Ontario |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Prince Edward Island |
| <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Quebec |
| <input type="checkbox"/> Newfoundland and Labrador | <input type="checkbox"/> Saskatchewan |
| <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Yukon |
| <input type="checkbox"/> Nunavut | |

Are you a member of a national nursing association for your specialty/area of nursing practice?

- Yes Which one? _____
 No

Please outline why you wish to become a CNA certification mentor.

Please explain why you would make a good mentor in the Certification Program (i.e., your professional experience, teaching experience and personal characteristics).

Please describe an experience you have had that will help you mentor certification candidates.

To the best of your knowledge, are you able to commit to mentoring certification candidates for a 3-year term?

- Yes No If not, you may wish to reconsider becoming a mentor.

Would you be willing to conduct up to two Certification Program promotional activities per year (e.g., providing a talk on “Becoming Certified in Your Specialty/Area of Nursing Practice” or providing promotional material and a poster session in your workplace and/or at professional development activities)?

- Yes No If not, you may wish to reconsider becoming a mentor.

Would you be willing to receive questions about certification and certification renewal from nurses by telephone and by e-mail, respond to these questions within 72 hours of initial contact, and provide guidance that enables these nurses to better prepare for the exam or to accumulate continuous learning activities?

- Yes No If not, you may wish to reconsider becoming a mentor.

Would you be willing to connect with other CNA Certification Program mentors through an electronic mailing list to share information related to the mentoring role and mentoring resources?

Yes No If not, you may wish to reconsider becoming a mentor.

Would you be willing to share with the CNA Certification Program any information you find about financial resources for nurses who require assistance with their certification and certification renewal fees so that the information can be posted on the CNA website?

Yes No If not, you may wish to reconsider becoming a mentor.

Would you be willing to complete an annual report of your mentorship activities and submit it to CNA each June 1?

Yes No If not, you may wish to reconsider becoming a mentor.

Spoken language

English French Both

Preferred language for correspondence:

English French

Preferred language for document distribution:

English French Both

PLEASE COMPLETE THIS FORM AND E-MAIL IT TO:

certification_mentor@cna-aiic.ca

or fax it to 613-237-3520 at your earliest convenience.

If you have any questions, please contact CNA certification staff:

613-237-2133 (ext. 259)

Toll-free: 1-800-361-8404 (ext. 259)

Thank you for considering becoming a CNA certification mentor!

Care to Be
the Best

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