



## CNA PASS Mentorship Program

### Application to Serve

A. Please provide your contact information:

Name:

CNA certification # (if applicable):

Address:

Telephone:

E-mail:

Spoken language(s):

Please indicate if you are willing to mentor more than one IEN: Yes  No

B. Please indicate your specialty area(s) of practice throughout your career:

- |   |  |
|---|--|
| <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                |
| <input type="checkbox"/> Administration           | <input type="checkbox"/> Other (please identify)       |

C. Please indicate the province(s) or territory(s) you have practised in?

- |  |  |
|--|--|
| <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                   |  |

D. Please outline why you wish to become a CNA PASS mentor:

E. Please describe an experience you have had that will help you be an effective mentor in the CNA PASS program:

- F. By applying to be a CNA PASS Mentor you are agreeing (to the best of your ability) to do the following:
- Participate in two one-hour webinars and two 30-minute self-learning modules
  - Connect via e-mail or Skype with an IEN:
    - at least three times (for those arriving within six weeks)
    - at least four times (for those arriving within eight weeks)
    - at least five times (for those arriving within ten weeks)
    - at least once for those now in Canada (within four to six weeks of their arrival)
  - Complete an evaluation of the CNA PASS program
  - Commit to a one-year term (with the potential for renewal)

Please complete and return this application form by **Monday, June 27, 2016**, in one of three ways:

1. E-mail a pdf version to Margarita Pardo at [mpardo@cna-aiic.ca](mailto:mpardo@cna-aiic.ca)
2. Fax the form to (613) 237-3520
3. Call Margarita, at (613) 237-2159, ext. 363, who will complete the form on your behalf

If you have any questions, please contact Margarita Pardo, senior administrative assistant at CNA Certification and Professional Development:

Tel.: (613) 237-2133 (ext. 363)

Toll-free: 1-800-361-8404 (ext. 363)

**Thank you for considering being a CNA PASS mentor!**