



**Supplementary Application to the Master of Nursing
Nurse Practitioner Program
Submission Deadline – March 15, 2019**

First Name:

Last Name:

RN Registration #:

Province of registration:

Program Options:

Primary Health Care Nurse Practitioner

Full Time Study

Post-Graduate Nurse Practitioner Certificate

Part Time Study

Are you Inuit, Metis, Non Status Indian or Status Indian?

Yes

No

No Comment

Do you wish to have an equity seat?

Yes

No

(Two seats in the program are reserved for persons of Aboriginal Ancestry)

Publication List:

Conference Presentations:

What is your current area of work:

Leadership in Nursing Organizations (e.g. institutional committees, SRNA, SUN, etc.):



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CNA Specialty Certification (describe):

How did you hear about us?

Communication from College of Nursing

Program presentation by College of Nursing

Nursing association

Nursing conference

Colleague

Friend(s)/Family

College of Nursing website

Other (please specify): _____