

**POST-GRADUATE CERTIFICATE IN REMOTE NURSING
REQUEST FOR SUPPORT FORM**

This form must be completed by Health and Social Services (HSS) System employees looking for support from their respective Authority to participate in the Aurora College Post-Graduate Certificate in Remote Nursing program.

Please forward the completed form to your supervisor by September 15th.

**POST-GRADUATE CERTIFICATE IN REMOTE NURSING
REQUEST FOR SUPPORT FORM**

Applicant Information:

Name: _____

Contact Information:

Address

Phone

Email

Position Title: _____

Level of Education: _____

Affirmative Action Status (circle one) : IA INA No Priority Do Not Wish to Declare

Are you a Northern Nurse graduate?

Y/N

Do you have remote nursing experience?

Y/N

If yes, how many years. _____

Is remote nursing competency development required for your current position?

Y/N

Is remote nursing competency development identified as a requirement on your learning plan or elsewhere?

Y/N

Is training in remote nursing required to support your career path?

Y/N

I HAVE READ THE REMOTE NURSING GUIDELINES AND INFORMATION FOR APPLICANTS DOCUMENTS:

Applicant Signature

Date

Disclaimer:

The personal information is being collected in support of your application for support to attend the Certificate in Remote Nursing Program. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act* (ATIPP). If you have any questions about the collection or use of the information, please contact the Manager, Strategic Human Resources Programs at (867) 767-9059 ext. 49152.