

Application Form

Nurse Continence Advisor, Distance Education Program

Continence Promotion and Management Certificate

Full Name:

Last Name

First Name

Date of Birth:

_____/_____/_____

_____/_____/_____

month

day

year

College of Nurses Registration #:

Social Insurance #:

Mailing Address:

Phone:

Fax:

Email:

Your application should include the following:

- 1) Letter stating reason for applying to the program: State your reasons for applying to the program and how you plan to incorporate the NCA role into your work setting. Please describe your current client population and the potential for incontinence assessment or plans to establish a program.
- 2) Letter of support from your current employer: The letter should confirm the employer's support to provide the necessary time to complete the clinical component of the program.
- 3) Letter of support from your preceptor: The letter must indicate her/his willingness to provide supervision for the clinical component of the course.

Mail Application to:

Dr. Jennifer Skelly
c/o Continence Program,
St. Joseph's Healthcare Centre for Ambulatory Health Services,
2757 King Street East,
Hamilton, Ontario,
L8G 5E4