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## Advanced Studies in Critical Care Application Form

1. Name \_\_\_\_\_

2. Home Address \_\_\_\_\_

3. Telephone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

4. CRNM Registration Number \_\_\_\_\_

5. Name of School of Nursing and Year graduated \_\_\_\_\_

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6. Country of Citizenship: \_\_\_\_\_

7. Immigration status in Canada if not presently citizen (Landed Immigrant/Permanent Resident/work permit) \_\_\_\_\_

8. Please enclose the following and submit to Seema Roberts (Address above by March 1, 2019 1600hrs:

- a. Letter stating your reasons for applying with short and long term goals and their relationship to the opportunities available in the program
- b. Resume including work and education history including High School
- c. Copy of Current BCLS recertification
- d. Current CRNM Registration
- e. Continuing education / in-service record for past two year