

MN-PHCNP Supplemental Information

1. Name: _____

2. CNO RN registration number:

I have uploaded my registration information.

I have membership other than RN with the CNO, and have uploaded the appropriate registration information.

3. RNAO registration number:

I have uploaded my registration information.

I will apply for membership if I receive an offer to the program. I understand that I will be required to have membership before beginning the program.

4. Verification of employment hours:

I have requested a verification of hours form from my employer(s), to be forwarded directly to the School of Nursing in a sealed envelope, showing completion of 3,640 hours in the past 5 years.

I have requested a verification of hours form from my employer(s), to be forwarded directly to the School of Nursing in a sealed envelope, showing completion of less than 3,640 hours in the past 5 years. I have included in section 7 below my plan to complete the remaining hours before I begin the clinical component of the program.

5. Will you receive or have you applied for any financial support for your studies in the form of an award, scholarship or other sources of funding? If yes, please indicate which awards, the dollar amount, and the duration.

| Award Name | Award Amount | Duration |
|------------|--------------|----------|
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6. Have you completed any Master's level studies at a university in Ontario?

Yes - Name of School: _____

- Number of full time terms completed: _____

No

7. Additional information: