

# **Graduate Diploma in Professional Practice, Clinical Leadership and Education**

## **Supplemental Information Form**

Name:

CNO Registration Number:

OR other provincial registration:

Registration Number:

Area of concentration: Professional Practice

Clinical Leadership

Clinical Education

Have you completed one of the approved electives<sup>1</sup> or equivalent<sup>2</sup> in the last five years?

Yes Please specify:

No

**For the following sections, please note that all requests are subject to approval by the placement coordinator.**

Do you have a specific mentor that you would like to request for your practicum?

Yes

No

If yes, please provide the following details:

Mentor Name:

Mentor Role/Title:

Mentor Organization:

Mentor Email Address:

Is the mentor aware of your application to the graduate diploma? Yes No

Has the mentor provided agreement to provide supervision and mentorship of your practicum upon your potential acceptance into the diploma program? Yes No

Notes/Comments for the Admissions Committee regarding your practicum:

<sup>1</sup> Approved electives:

ApplHSci 9009: Project Management

ApplHSci 9010: Health Services, Systems & Policy

ApplHSci 9012: Health Program Evaluation

ApplHSci 9017: Implementation Science in Practice

Nursing 9701: Development of Programs to Support Clinical Education

<sup>2</sup> If you are requesting advanced standing for the elective, please submit the course outline with your application

Do you have a specific project/area of focus that you would like to request for your practicum?

Yes

No

If yes, please provide details:

Do you have a preference for the format of your placement?

In-person

Remote/hybrid

No preference

Additional Information: