

The MIP Professional Development Award for CNA Specialty Practice Certification

Ballot Form

Become part or continue to be one of the over 17,000 certified nurses in Canada by completing the following ballot form for the opportunity to win a MIP Professional Development Award for certification in your specialty practice through CNA’s Certification Program. MIP’s Professional Development Award (maximum value of \$750) will apply towards an initial certification exam OR for a certification due for renewal within 2017/2018. (No cash value.)

Eligibility requirements to write one of the 21 bilingual specialty exams:

Option A experience only:

- A **minimum of 3,900 hours’ experience** as a **registered nurse** in your specialty over the **past five years** in full-time, part-time or casual employment. Your experience may be in any of the following five nursing domains: direct patient care; education; research; policy; administration.

Option B experience **plus** specialty education:

- A minimum of **2,925 hours’ experience** as a **registered nurse** in your specialty over the **past five years** in full-time, part-time or casual employment in any of the five nursing domains AND
- A formal **post-basic course** in your specialty at least **300 hours** in length and taken over the last 10 years. A formal post-basic course is a specialty diploma or certificate program completed at a community college or university

Name _____

Phone #: _____ email: _____

CNA Member: ___ Yes ___ No ___ Unsure

I wish to ___ write an initial exam ___ a rewrite or ___ a renewal exam (due in 2017/2018)

Specialty area (please check all that are relevant)

- ___ Cardiovascular ___ Community Health ___ Critical Care ___ Critical Care Paediatrics
- ___ Emergency ___ Enterostomal Therapy ___ Gastroenterology ___ Gerontology
- ___ Hospice Palliative Care ___ Medical-Surgical ___ Neonatal ___ Nephrology ___ Neuroscience
- ___ Occupational Health ___ Oncology ___ Orthopaedics ___ PeriAnesthesia ___ Perinatal
- ___ Perioperative ___ Psychiatric and Mental Health ___ Rehabilitation

I consent to having my information used to provide me with updated information on CNA programs, services, events and activities. I know I may unsubscribe at any time.