



Advanced Emergency Nursing Program

Application Package Checklist

Use the following checklist to ensure all required documentation is included with your application package. Please ensure to send complete application package with all necessary documents included. Incomplete application packages will not be accepted and will be returned to the applicant.

Complete application package due by June 24 2011.

Applicant to include the following:

- Application Form:** include completed application form.
- Hours Worked:** include a letter/print out from current Human Resources department indicating actual hours worked to date.
- Part-Time Selection Sheet:** if applying for part-time include completed sheet.
- Continuing Education:** photocopy proof of ACLS, ENPC and TNCC
- CRNM Registration:** photocopy of current active practicing membership with CRNM.
- Letter of Intent:** a one-page double-spaced typed narrative outlining your reasons for applying for the **WRHA Advanced Emergency Nursing Program** and your future goals in Emergency Nursing.
- Application Fee:** A \$35.00 **non-refundable** cheque or money order, payable to the WRHA Emergency Program.
- Application Checklist:** submit this completed checklist with your application package.

Applicant to ensure following has been requested:

- Official Transcript:** submitted directly from the school of nursing/University/College to the application contact. No copies.
- Letters of Reference:** completed Letter of Reference form from current manager and letter from nursing colleague. Both letters to be submitted directly from reference to the application contact (due by June 24 2011).
- Confirmation of LOA** from current manager (due by July 15 2011).



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APPLICATION FORM

- PLEASE FILL IN ALL INFORMATION REQUESTED IN THIS APPLICATION FORM
- DO NOT REFER TO A RESUME AS A SUBSTITUTION FOR FILLING IN THE INFORMATION REQUESTED

A. OPTIONS: Indicate which option you wish to enroll:

- Full-Time (September 6 2011 to Jan 27 2012)
- Part-Time (complete and attach the ***Part-Time Selection Sheet***)

B. PERSONAL DATA:

Surname		Given Names		Maiden Name
Mailing Address		City, Province		Postal Code
Home Phone	Work Phone	Birthdate	SIN #	
Area code	Area code			
Email Address		CRNM # (include copy)		

C. ACADEMIC INFORMATION: List only programs that have been ***completed***.

Formal Education <u>Completed</u>	Institution Name & Address	Senior Experience	Graduating Year	GPA/ Average
Diploma in Nursing				
Undergraduate Degree in Nursing				
Undergraduate Degree (other) – specify Faculty				
Certificate – specify				
University courses				

D. CONTINUING EDUCATION:

List seminars, workshops, conferences, etc for the last 5 years. (If additional space is required, please attach a separate sheet and continue your list in the same format used below).

Workshop, Seminar, Course, Conference	Institution, Person Name & Address	Length in Hours	Date Taken (mm/dd/yy)
Advanced Cardiac Life Support (ACLS)			
Trauma Nursing Core Course (TNCC)			
Emergency Nurse Pediatric Course (ENPC)			

E. OTHER INFORMATION:

Please describe any volunteer activities, awards, professional association membership, committee participation, etc.

F. EMPLOYMENT HISTORY:

List your last 3 employers beginning with present/most recent.

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1 Name & address of employer: _____
 Dates employed: _____
 Major Duties: _____
 EFT: _____ Actual hours worked (*letter from HR Dept*): _____
 Name & Title of Supervisor: _____ Phone #: _____
 Reason for Leaving: _____
 May we contact for references? Yes No

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2 Name & address of employer: _____
 Dates employed: _____
 Major Duties: _____
 EFT: _____ Actual hours worked: _____
 Name & Title of Supervisor: _____ Phone #: _____
 Reason for Leaving: _____
 May we contact for references? Yes No

.....

3 Name & address of employer: _____
 Dates employed: _____
 Major Duties: _____
 EFT: _____ Actual hours worked: _____
 Name & Title of Supervisor: _____ Phone #: _____
 Reason for Leaving: _____
 May we contact for references? Yes No

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Completed application package and any enquiries can be sent to one of the following:

Jackie Hykaway, Administrative Secretary	Phone: 204-787-2818
WRHA Emergency Program	Fax: 204-787-2231
NA330 – 700 McDermot Avenue	Email: jhykaway@wrha.mb.ca
Winnipeg, MB R3E 0T2	

Shannon Naylor, Program Coordinator	Phone: 204-787-2808
WRHA Emergency Program	Fax: 204-787-2231
NA412 – 700 McDermot Avenue	Email: snaylor@wrha.mb.ca
Winnipeg, MB R3E 0T2	

Note: Please advise your post-secondary institutions and references (i.e. diploma school of nursing, community college, university, etc) to forward transcripts **directly** to the above.

Important note to all Participants: All requested information **must** be provided. Incomplete applications will **not** be accepted. Failure to disclose relevant facts (including **all** previous attendance at post-secondary institutions) and/or submission of false information or documentation may result in acceptance being withdrawn.



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Part-Time Selection Sheet

With the part-time option, the student is required to complete the Advanced Emergency Nursing Program over two course offerings (approx 14 months).

Please complete this form and include it with your application package.

Package 1: This package splits the full course into two sections of modules. There must be two students registered opposite one another to make up one full-time spot. Both students will need to be successful applicants with Educational LOA's granted from their respective site.

- Option 1 – Four Consecutive Modules:** September 6 to October 28, 2011
- Option 2 – Five Consecutive Modules:** October 31 to December 9, 2011 and January 2 to 27, 2012

Package 2 – Job Share: The Job Share package is the most flexible as each student chooses the modules they would like to complete. As above, two students will share one full-time spot and both students will need to be successful applicants with Educational LOA's granted from their site.

Select modules you would like to **Job Share** in this course offering:

- Module 1, September 6 to 16, 2011
- Module 2, September 19 to 30, 2011
- Module 3, October 3 to 14, 2011
- Module 4, October 17 to 28, 2011
- Module 5, October 31 to November 10, 2011
- Module 6, November 14 to 25, 2011
- Module 7, November 28 to December 9, 2011
- Module 8, January 2 to 13, 2011
- Module 9, January 16 to 17, 2012

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Student Name: _____ **Date:** _____

Student who will be applying for opposite modules: _____

Disclaimer: Although every effort will be made to ensure that option plans are consistent for subsequent course offerings, no guarantee can be made.



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Letter of Reference from Manager Due by June 24 2011

Applicant's Name: _____

This confidential reference is to be returned directly to application contact in enclosed addressed envelope.

Please comment on the following topics:

Communication/Interpersonal Skills: _____

Professional Accountability: _____

Critical Thinking: _____

Leadership Skills: _____

Impact to ER Environment: _____

Manager Name (please print): _____

Signature: _____ **Date:** _____

Facility: _____ **Position:** _____



CONFIRMATION OF EDUCATIONAL LEAVE OF ABSENCE

WRHA Advanced Emergency Nursing Program Session #6

Please be advised that _____,
(Applicant's Name)

- a) **WILL BE** granted an Educational Leave of Absence for the WRHA Advanced Emergency Nursing Program from September 6 2011 to December 9 2011 and January 2 2012 to January 27 2012 (inclusive).

(Manager's Signature)

(date)

- b) **WILL NOT BE** granted an Educational Leave of Absence for the WRHA Advanced Emergency Nursing Program from September 6 2011 to December 9 2011 and January 2 2012 to January 27 2012 (inclusive (inclusive)).

(Manager's Signature)

(date)

Due by July 15 2011



Advanced Emergency Nursing Program

General Information

A. Seats

The Winnipeg Regional Health Authority has approved funding for 6 seats for each module in the Advanced Emergency Nursing Program (AENP). Eligible candidates will be evaluated on education, experience, references, seniority and interview points.

B. Student Salary

Students are paid from their site at current union salary level. Payment will be made directly to the student. Further information will be available to successful applicants.

C. Letters Of Reference

1. Current manager to complete the **Letter of Reference Form** and return directly to application contact in enclosed addressed envelope.
2. Letter of Reference from nursing colleague (e.g. student nurse practicum, new staff member, colleague) who views you as a leader/mentor. Colleague to submit letter directly to application contact in enclosed addressed envelope. Reference letter should address communication and interpersonal skills, professional accountability, organization, leadership, critical thinking, impact to ER environment, and your impact on reference's nursing practice.

D. Cost

Six sponsored positions are available. Sponsorship does not include living, transportation or parking costs. A one-year **Return of Service Agreement** will be required in return for sponsorship (forms to be provided later).

A **non-refundable** application fee of \$35.00 is required. Payment can be made by cheque or money order and is payable to the WRHA Emergency Program (payment cannot be made by Interac or credit card).

E. Part-time Option

If you are interested in applying for the part-time option, indicate this on the application form (**Section A**) and complete the enclosed **Part-Time Selection Sheet**.

F. Once You Have Sent In Your Application

You may be contacted for an interview. Only applicants being considered for the course will be contacted for an interview. In addition to the successful candidates, two students will be placed on a waiting list.

You will be notified of your acceptance and a **Letter of Intent** will be sent out, which allows you to accept or decline admission to the course. You will also receive the **Return of Service Agreement**, which you will need to sign and return by a specified date. At this time, the student is responsible for applying for an **Educational LOA** from their facility. To facilitate the process, it is recommended that you contact your current manager to request the **Educational LOA** upon submission of your application. If you accept, you will receive additional information regarding orientation for the course, where to get the course material, etc.



Advanced Emergency Nursing Program

Program Outline

(Note that outline is subject to change)

The program is comprised of the following nine modules which incorporate both the Theoretical and Clinical aspects of emergency nursing:

Following is a list of topics that are incorporated into the above modules:

- Module 1, September 6 to 16, 2011
 - Module 2, September 19 to 30, 2011
 - Module 3, October 3 to 14, 2011
 - Module 4, October 17 to 28, 2011
 - Module 5, October 31 to November 10, 2011
 - Module 6, November 14 to 25, 2011
 - Module 7, November 28 to December 9, 2011
 - Module 8, January 2 to 13, 2011
 - Module 9, January 16 to 17, 2012
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- A & P, Assessment, Diagnosis, and Management will all be covered in the CNS, CVS, Resp and Renal modules
 - Pediatric Assessment & Resuscitation
 - Neonatal Assessment & Resuscitation
 - Legal Issues – peds, medical examiner, mental health, geriatric
 - Triage
 - Disaster Planning
 - Professional Accountability & Legal Implications
 - Geriatric Care & Management
 - Mental Health Care & Management
 - Organ Donation
 - Women's Health (social & medical)
 - Men's Health (social & medical)
 - Domestic Violence
 - Sexual Assault
 - Toxicology
 - Addictions
 - Oncological Emergencies
 - Hematological Emergencies
 - Infectious Diseases in ER
 - Cultural Proficiency
 - Ethics, Education, Research, Leadership and Management will be covered in the Professionalism module
 - A variety of Skills Stations