

de Souza APN Designation Application

Name of candidate:

Candidate's contact: e-mail:

Phone: daytime

evening:

Organization name:

Area of practice:

Requirement: specialty certification, obtain a minimum total of 4.0 de Souza course credits with at least one course completion in each of the four course categories and complete a four week or 150 hour clinical fellowship.

A. Which specialty certification do you hold?

- CNA certification in Oncology
- CNA certification in Hospice Palliative Care
- Certificate in Pediatric Hematology Oncology Nursing

Year certification obtained?

B. Which de Souza courses did you complete and when?

If you require more space for courses you have completed, please attach a separate sheet. Please be sure to attach copies of certificates of completion for each course to this application.

Course	Domain of practice	Date attended/ completed cour	Credit
Example: IPODE – Intro to Theory and Practice	Therapeutic and Supportive Relationship	June 4, 2011	1.0
Total			

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C. Clinical fellowship:

Date fellowship completed:

Learning goal of clinical fellowship:

Name of organization of clinical fellowship placement:

Date report of clinical fellowship submitted:

Title of evaluation/research project:

Date evaluation/research project submitted:

Describe the component(s) of the requirements that made the most difference to your practice.

Write in 200 words or less on how you will apply and integrate the learning from the certification/courses/clinical fellowship into your practice.