

# de Souza Nurse Associate Designation Application

First and last name of candidate:

Candidate's contact: e-mail:

Phone: daytime evening:

Organization name:

Area of practice:

Requirement: complete a minimum total of 4.0 de Souza course credits with at least one course completion in each of the four course categories: *Treatment & Delivery of Evidenced Based Care, Therapeutic & Supportive Relationships, Developing Professional Practice & Leadership, Patient Teaching & Coaching*

Please **fill out the de Souza courses you completed and when**. If you require more space, 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 course	Credit
<i>Ex.: Pain &amp; Symptom management</i>	<i>Treatment &amp; Delivery of Evidence Based Care</i>	<i>March 26, 2011</i>	<i>0.25</i>
Total credits:			

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Describe which course(s) made the most difference to your practice?

Write in 200 words or less on how you will apply and integrate the learning into your practice.