

# de Souza Nurse Designation Clinical Fellowship Proposal

Name of candidate:

Candidate's contact: e-mail:

Phone: daytime

evening:

Organization name:

Area of practice:

Name of nursing leader (from your organization) supporting this fellowship:

How is your organization supporting you during this fellowship?

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?

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 course	Credit
Example: Pain & Symptom management	Treatment & Delivery of Based Care	March 26, 2011	0.25
<b>Total</b>			

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Focus of your clinical fellowship, please check the most appropriate box:

Clinical  
Scholarly/Professional  
Leadership

Research  
Educational  
Other

Location of clinical fellowship:

Contact for your clinical fellowship:

Clinical fellowship placement confirmed (attach or insert confirmation)

Have you registered with e-Mentorship program?

If you **do not have an identified Mentor**, please **register with the e-Mentorship program first** and they will assist in mentor selection

**If you have an identified Mentor, please complete the following:**

Name of your Mentor:

Please indicate if you have received confirmation from your Mentor (attach e-mail or letter):

Mentor phone number:

Mentor email:

Your Mentor's place of work:

Has your Mentor registered with e-Mentorship program?

- Yes  
 No

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

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