EXAM DEVELOPMENT PARTICIPATION FORM

Information will be kept confidential.

We are pleased you are interested in offering your time, skills and expertise to assist with the Canadian Registered Nurse Examination (CRNE). This is a unique opportunity to help advance the nursing profession and network with nurses from across the country, while both developing and sharing your expertise and skills.

Complete both pages of the form and submitted to your regulatory authority for review. Should you be nominated, your name will be forwarded to CNA, and a representative from CNA or its exam company, Assessment Strategies Inc. (ASI), may contact you regarding your future participation. The term of commitment for volunteers is three years, at which time a new application must be submitted to ensure accurate contact information as well as information about your employer and previous exam development participation.

Please **PRINT** or **TYPE** all requested information.

Note: Although the CRNE is not offered in Quebec, Quebec nurses who are CNA members may apply.

This section to be completed by the PARTICIPANT

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1. FIRST NAME ______________________ LAST NAME ______________________

REGISTRATION NO.______________________ REGULATORY AUTHORITY ______________________

HOME ADDRESS: ____
(Street Address) (City) (Province / Territory) (Postal Code)

BUSINESS ADDRESS ____
(Street Address) (City) (Province / Territory) (Postal Code)

E-MAIL ADDRESS: ____

TELEPHONE: ( ) ______________ ( ) ______________ ( ) ______________
(Home) (Business) (Fax)

AREA OF INTERREST: ☐ Item Writing ☐ Item Revision ☐ Short-Answer Marking ☐ Translation Review

PREFERRED WORKING LANGUAGE: ☐ English ☐ French ☐ Either

PREFERRED MAILING ADDRESS: ☐ Home ☐ Business

2. ***I give consent for my name or photo to be used (e.g., in the journal* Canadian Nurse / infirmière canadienne*) in acknowledgement of my volunteer work on the CRNE.***

SIGNATURE ____ ☐ **No** ☐ **Yes**

Completed nomination forms are accessible only by CNA, Assessment Strategies, the authorizing jurisdictional official and individuals appointing nominees to committees and groups.

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3. *Current employment information*

EMPLOYER ______________________________

EMPLOYMENT SETTING ______________________________

CURRENT POSITION ______________________________ FROM ____________ TO ____________
MM/YY MM/YY

AREA OF RESPONSIBILITY ______________________________

____

OTHER INFORMATION ______________________________

____

4. *List your previous participation on exam development committees/groups*

YEAR	COMMITTEE / GROUP	YEAR	COMMITTEE / GROUP

5. *How did you hear about this opportunity? (check all that apply)*

☐ CNA website ☐ *Canadian Nurse / infirmière canadienne* ☐ Employer
☐ Friend/colleague ☐ Provincial/territorial nursing association or college
☐ Other (please record) ______________________________

***6.* PARTICIPANT SIGNATURE** ______________________________ DATE ____________

RETURN COMPLETED FORM TO YOUR REGULATORY AUTHORITY
(see the CNA website for address information) www.cna-aiic.ca/CNA/about/members/provincial/default_e.aspx

ONTARIO PARTICIPANTS: Please send your form to the College of Nurses of Ontario, 101 Davenport Road, TO, ON M5P 3P1

7. *This section to be completed by the REGULATORY AUTHORITY*

SIGNATURE OF JURISDICTIONAL OFFICIAL ______________________________

TITLE ______________________________

ORGANIZATION ______________________________ DATE ____________

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