



# DEMOGRAPHIC INFORMATION

## CANADIAN NURSES ASSOCIATION CERTIFICATION PROGRAM

The demographic information collected on this form is used for statistical analysis and policy development.

This information is used in a non-identifiable form.

Please indicate the applicable information in the box(es) on the left.

 

(two-letter code)

### 1. Area of certification/certification renewal:

- |                                    |                                   |                                     |
|------------------------------------|-----------------------------------|-------------------------------------|
| <b>CV</b> Cardiovascular           | <b>GR</b> Gerontology             | <b>OT</b> Orthopaedics              |
| <b>CM</b> Community Health         | <b>PC</b> Hospice Palliative Care | <b>PR</b> Perinatal                 |
| <b>CC</b> Critical Care            | <b>MS</b> Medical-Surgical        | <b>OR</b> Perioperative             |
| <b>CP</b> Critical Care Pediatrics | <b>NP</b> Nephrology              | <b>MH</b> Psychiatric/Mental Health |
| <b>ER</b> Emergency                | <b>NN</b> Neuroscience            | <b>RH</b> Rehabilitation            |
| <b>ET</b> Enterostomal Therapy     | <b>OH</b> Occupational Health     |                                     |
| <b>GI</b> Gastroenterology         | <b>OC</b> Oncology                |                                     |

   

### 2. Year of application

(I or R)

### 3. Type of application:

- I** Initial certification
- R** Certification renewal

 

### 4. Province or territory of nursing registration:

- |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| AB | MB | NL | NT | ON | QC | YT |
| BC | NB | NS | NU | PE | SK |    |

 

(01-05)

### 5. Highest level of nursing education:

- |                     |                         |                    |
|---------------------|-------------------------|--------------------|
| <b>01</b> Diploma   | <b>02</b> Baccalaureate | <b>03</b> Master's |
| <b>04</b> Doctorate | <b>05</b> Other _____   |                    |

 

(F or M)

### 6. Gender:

- F** Female
- M** Male

 

(01-11)

### 7. Place of employment: (Please indicate most applicable)

- |                                       |                                     |  |
|---------------------------------------|-------------------------------------|--|
| <b>01</b> Community health centre     | <b>02</b> Hospital                  | <b>03</b> Nursing education setting          |
| <b>04</b> Occupational health setting | <b>05</b> Nursing home/Special care | <b>06</b> Physician's office/Family practice |
| <b>07</b> Public health setting       | <b>08</b> Rehabilitation centre     | <b>09</b> Self-employed/Independent practice |
| <b>10</b> Visiting/Home care agency   | <b>11</b> Other: _____              |  |

(01-14)**8. Position:** (Please indicate most applicable)

- |  |   |                                   |
|--|---|-----------------------------------|
| <b>01</b> Assistant/Associate dean               | <b>02</b> Clinical nurse specialist                   | <b>03</b> Consultant              |
| <b>04</b> Director/Vice-president nursing        | <b>05</b> Instructor/Professor                        | <b>06</b> Nurse manager           |
| <b>08</b> Researcher                             | <b>09</b> Staff nurse                                 | <b>10</b> Supervisor/Co-ordinator |
| <b>11</b> Licensed registered nurse practitioner | <b>14</b> Working in the role of a nurse practitioner |                                   |
| <b>12</b> Other: _____                           |   |                                   |
- 

  
(01-06)**9. Total years of experience as a registered nurse:**

- |                       |                       |                      |
|-----------------------|-----------------------|----------------------|
| <b>01</b> 1-2 years   | <b>02</b> 3-5 years   | <b>03</b> 6-10 years |
| <b>04</b> 11-20 years | <b>05</b> 21-30 years | <b>06</b> 31+ years  |
- 

  
(01-06)**10. Total years of experience in your area of certification:**

- |                       |                       |                      |
|-----------------------|-----------------------|----------------------|
| <b>01</b> 1-2 years   | <b>02</b> 3-5 years   | <b>03</b> 6-10 years |
| <b>04</b> 11-20 years | <b>05</b> 21-30 years | <b>06</b> 31+ years  |
- 

  
(02-25)  
PRIMARY**11. Primary and secondary area(s) of responsibility:**

- |                                   |                                   |                                     |
|-----------------------------------|-----------------------------------|-------------------------------------|
| <b>02</b> Cardiovascular          | <b>03</b> Emergency               | <b>04</b> Gerontology               |
| <b>06</b> Perinatal               | <b>07</b> Medical-Surgical        | <b>08</b> Nephrology                |
| <b>09</b> Neuroscience            | <b>10</b> Occupational health     | <b>11</b> Perioperative             |
| <b>12</b> Oncology                | <b>13</b> Pediatrics              | <b>14</b> Psychiatric/Mental health |
| <b>15</b> Public/Community health | <b>16</b> Visiting home care      | <b>19</b> Critical care             |
| <b>20</b> Critical care pediatric | <b>21</b> Gastroenterology        | <b>22</b> Orthopaedic               |
| <b>23</b> Rehabilitation          | <b>24</b> Hospice palliative care | <b>25</b> Enterostomal/ Wound care  |
| <b>17</b> Other: _____            |                                   |                                     |

  
(02-25)  
SECONDARY

*Thank you for taking the time to complete this form.*

2010