

Building Partnerships in Learning
Nursing Visitor Program Application Checklist

Nursing Visitor Program,

Please ensure the following documents are attached:

- | | |
|--|--|
| <input type="checkbox"/> Application Form | <input type="checkbox"/> Certificate of Registration Number |
| <input type="checkbox"/> Current Resume or CV | <input type="checkbox"/> Letter of Support from Supervisor/Manager |
| <input type="checkbox"/> Immunization Form (only required for visits longer than 5 days) | <input type="checkbox"/> Application Payment Form |

Additional Comments

Mail:

Nursing Visitor Program
ATTN: Tracy DeSantis
The Hospital for Sick Children
555 University Avenue
Toronto Ontario, Canada,
M5G 1X8

Email:

tracy.desantis@sickkids.ca

or

Fax:

(416)-813-6718

Please allow up to 4 weeks to process the application