

## 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                  |
| <input type="checkbox"/> Observation/Practice Agreement                                  |  |

Additional Comments

Mail:

Nursing Visitor Program  
ATTN: Haya Al-Husseini  
The Hospital for Sick Children  
555 University Avenue  
Toronto Ontario, Canada,  
M5G 1X8

Email:

[haya.al-husseini@sickkids.ca](mailto:haya.al-husseini@sickkids.ca)

or

Fax:

(416)-813-5703

***Please allow up to 4 weeks to process the application***