

# Nominator Form for the Canadian Academy of Nursing Fellowship Program

Thank you for completing this nomination form. By doing so, you are providing a statement of support for your colleague's application to the [Canadian Academy of Nursing Fellowship Program](#). This Fellowship is the highest honour for Canada's most accomplished nursing leaders in practice, education, administration, research and policy.

## Nominator's contact information

First name

Last name

Employer

Job title

Regulatory body

Nurse category

Credentials

Jurisdiction of registration

Licence/registration number

Address 1

Address 2

City

Province

Postal code

Country

Work phone

Extension

Mobile phone

Email

Are you a Fellow of the Canadian Academy of Nursing?

☐ Yes ☐ No

**Note:** Ideally, at least one nominator will be a Fellow of the Canadian Academy of Nursing. For candidates who do not have close working access to colleagues who are Fellows, we will accept nominations from other accomplished nurses (active or retired) who would be recognized as senior nursing leaders with equivalent demonstrable leadership experience. For these nominations, please append a brief bio of the supporting nominator(s).

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## Nominator's statement of support

This statement of support is for (name of applicant):

Your statement of support should provide one or more of the following:

- ▶ Evidence of the applicant's significant and sustained contributions to nursing (practice, policy, education, research and/or administration) as well as a description of how he or she will continue such work.
- ▶ Examples of the impact of these contributions to nursing (practice, policy, education, research and/or administration).
- ▶ A detailed summary of how the applicant's contributions are in line with the academy's [Fellowship criteria](#). Your summary should support the evidence you have provided about the applicant.

Your statement of support should also:

- ▶ Summarize how you know the applicant, including the nature and length of your relationship.
- ▶ Confirm that you read and support the applicant's statement.

Insert your statement here (maximum 300 words):

I have reviewed the evidence supporting the applicant's qualifications for Fellowship in the Canadian Academy of Nursing. I verify that to the best of my knowledge, the information presented is valid and that the applicant meets the Academy's criteria for Fellowship.

**Nominator's signature**

[electronic signature acceptable]:

**Date**