# **CANIBD Inflammatory Bowel Disease Fellowship –**

# **Participant Application Form**

Please complete all fields below. Append additional pages as needed to the application form. The deadline to submit a completed application is **Friday, May 29, 2020 at 5 p.m. ET.**

Required attachments:

* Letter of recommendation from manager
* Completed Agreement Form signed by applicant and manager
* Copy of your resume

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| **Applicant Information** |
| Full name:  |
| Credentials:  | Total years as IBD/ GI nurse: |
| Mailing address:City: Province: Postal code: |
| Phone (personal):  | Phone (work): |
| Email address: |
| Employer/ Facility: |
| Clinical Area:  | Position: |
| CSGNA membership number:  | Nursing license number (attach copy to application): |
| Manager name: | Manager email address: |
| Preferred site for Fellowship (please note, we may not be able to guarantee all preferences): |

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| **Describe how you currently use research/evidence in your practice (attach pages as needed)**  |
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| **Describe your experience working with the population with Inflammatory Bowel Disease**  |
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| **Describe your objectives for the Fellowship practicum experience**  |
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| **Describe the significance of an IBD Nurse Fellowship to your clinical practice and the IBD population**  |
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