

**Registered Nurses Association of Ontario**  
**Professional Resource Form**

If you are interested in being part of the **RNAO Professional Directory**, please complete the attached document and return it to Chelsea Morka via fax (416) 907-7962 or e-mail [cmorka@rnao.org](mailto:cmorka@rnao.org). The information will be used for the following:

- Identification of specialists in Nursing for projects such as the Advanced Clinical/Practice Fellowship Program & the Best Practice Guidelines Program
- Communicating key initiatives of the RNAO that would be particularly beneficial to Nurses with graduate preparation.
- Identifying specialists for organizations/agencies that are searching for a specific resource person (e.g. Mentors for the Advanced Clinical/Practice Fellowship Program).

You must have a **Masters level education** to complete this document. Those who do not have this designation will not be included in the Directory. The Directory will be released to individuals or organizations seeking a Mentor for the Advanced Clinical/Practice Fellowship Program.

**Information on Specialist:**

Post Graduate Degree: (specify type of degree(s))

\_\_\_\_\_

Areas of Current Specialization/Areas of Expertise:

\_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Work:  
\_\_\_\_\_

Phone Number (H): \_\_\_\_\_ (W): \_\_\_\_\_

Fax: \_\_\_\_\_ Pager: \_\_\_\_\_

Email: \_\_\_\_\_

**Attn: Chelsea Morka, Fax (416) 907-7962**