



Important – This form must be completed by each educational institution where you have obtained each of the graduate diplomas or certificates you wish recognition of.

IDENTIFICATION OF THE APPLICANT

Permit number:	<input type="text"/>		
Last name:	<input type="text"/>	First name:	<input type="text"/>
Birth name:	<input type="text"/>	Date of birth:	<input type="text"/>
	<small>If different from the family name</small>		<small>AAAA-MM-JJ</small>
Address:	<input type="text"/>	Country:	<input type="text"/>
City (Province):	<input type="text"/>	Postal code:	<input type="text"/>
Email:	<input type="text"/>	Telephone:	<input type="text"/>

EDUCATIONAL INSTITUTION

This section must be completed by the representative of the educational institution that issued the diploma.

Institution's name:	<input type="text"/>		
Address:	<input type="text"/>	Country:	<input type="text"/>
City (Province):	<input type="text"/>	Postal code:	<input type="text"/>
Representative:			
Last name:	<input type="text"/>	First name:	<input type="text"/>
Title:	<input type="text"/>		
Email:	<input type="text"/>	Telephone:	<input type="text"/>
Certifies that the applicant, identified on the diploma		Student number:	<input type="text"/>
Followed the program of:	<input type="text"/>	Start date:	<input type="text"/>
	<small>Program's Title</small>		<small>AAAA-MM-JJ</small>
		End date:	<input type="text"/>
			<small>AAAA-MM-JJ</small>
Has obtained the diploma:	<input type="text"/>	Obtained:	<input type="text"/>
	<small>Title as it appears on diploma</small>		<small>AAAA-MM-JJ</small>
		Language of study:	<input type="text"/>

I certify the accuracy of the information contained in this application.

I authorize the Ordre des infirmières et infirmiers du Québec to proceed with its verification if necessary.

Signature:	<input type="text"/>
Date of signature:	<input type="text"/>

Please affix your seal or stamp in this space

The form must be completed, signed, and returned to the applicant.



DESCRIPTION OF NURSING SCIENCE PROGRAM

This section must be completed by the representative of the educational institution that issued the diploma.

Prerequisite to the training program:

Theory	Number of hours completed
Scientific research	<input style="width: 100%; height: 20px;" type="text"/> hrs
Ethical and legal aspects	<input style="width: 100%; height: 20px;" type="text"/> hrs
Theoretical foundations	<input style="width: 100%; height: 20px;" type="text"/> hrs
Role of the nurse in advanced practice	<input style="width: 100%; height: 20px;" type="text"/> hrs
Relevant use of psychometric tools	<input style="width: 100%; height: 20px;" type="text"/> hrs
Total number of hours	<input style="width: 100%; height: 20px;" type="text"/> hrs

Theory specific to clientele targeted by specialty

Physiopathology of mental and concomitant disorders, including personality and developmental theories as well as the study of a mental disorder classification system and elements to understand its scope and limitations	<input style="width: 100%; height: 20px;" type="text"/> hrs
Advanced pharmacology	<input style="width: 100%; height: 20px;" type="text"/> hrs
Advanced clinical evaluation	<input style="width: 100%; height: 20px;" type="text"/> hrs
Senior citizens	<input style="width: 100%; height: 20px;" type="text"/> hrs
Total number of hours	<input style="width: 100%; height: 20px;" type="text"/> hrs

Practice

Clinical internship in the field targeted by the specialty	<input style="width: 100%; height: 20px;" type="text"/> hrs
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Please attach a copy of the program in effect at the educational institution when the diploma was issued (theoretical and practical courses).