

Best Practice Champion Network  
**Smoking Cessation Champions**  
**Application Form**

Each application for admission into the Smoking Cessation Best Practice Champion workshop and participation into the Best Practice Champion Network will be reviewed by the RNAO.

Successful applicants will be notified of their acceptance by email.

Please fax this Application Form, including the signed Letter of Support to:

**Fax# 416-907-7962 Attn: Catherine Wood** at the RNAO.

All areas must be completed for application consideration.

First Name _____	Last Name _____
Work Phone _____	Mobile/ Pager _____
Home Phone _____	Fax Number: _____
<b>At least one phone number is required.</b>	Email: _____

Work Title/ Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

**Please check the workshop that you are applying for:**

<input type="checkbox"/> <b>Cambridge</b> <ul style="list-style-type: none"> <li>▪ January 26, 2010</li> <li>▪ Venue: Region of Waterloo Public Health</li> </ul>	<input type="checkbox"/> <b>Toronto</b> <ul style="list-style-type: none"> <li>▪ January 28, 2010</li> <li>▪ Venue: Westin Prince Hotel</li> </ul>	<input type="checkbox"/> <b>Sudbury</b> <ul style="list-style-type: none"> <li>▪ February 2, 2010</li> <li>▪ Venue: Ambassador Hotel</li> </ul>	<input type="checkbox"/> <b>Orillia</b> <ul style="list-style-type: none"> <li>▪ February 9, 2010</li> <li>▪ Venue: Best Western Mariposa Inn &amp; Conference Centre</li> </ul>
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**Workplace setting(s) (Check one or more of the following):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Ambulatory Care<br><input type="checkbox"/> Acute Care Hospital<br><input type="checkbox"/> CHC | <input type="checkbox"/> Complex Continuing Care<br><input type="checkbox"/> Family Health Team<br><input type="checkbox"/> Home Health Care<br><input type="checkbox"/> Long-Term Care | <input type="checkbox"/> Psychiatric Hospital/ Mental Health<br><input type="checkbox"/> Public Health<br><input type="checkbox"/> Rehabilitation<br><input type="checkbox"/> Other: _____ |
|--|---|--|

**Are you a nursing student?**

- Yes  
 No

If “yes”, indicate your school of nursing:

**How did you first learn about the Smoking Cessation Nursing Best Practice Champions Network?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Best Practice Newsletter<br><input type="checkbox"/> Direct mail<br><input type="checkbox"/> Nursing Students of Ontario Interest Group<br><input type="checkbox"/> Canadian Nursing Students' Association<br><input type="checkbox"/> Leave The Pack Behind website | <input type="checkbox"/> Other BPG Champion(s)<br><input type="checkbox"/> Posting in Organization<br><input type="checkbox"/> RNAO Website<br><input type="checkbox"/> Smoking Cessation Coordinator<br><input type="checkbox"/> Smoking Cessation Flyer | <input type="checkbox"/> TCAN Coordinator<br><input type="checkbox"/> TobaccoFreeRNAO website<br><input type="checkbox"/> Word of mouth<br><input type="checkbox"/> Other: _____ |
|---|---|--|

**I understand that participation in the Best Practice Champion Network requires a minimum 2-year involvement in the Network.**

**I agree to participate in the evaluation component of this program.**

**I understand this is an application only and completion does not confirm participation.**

\_\_\_\_\_  
 Signature

Date: \_\_\_\_\_

**Best Practice Champion Network  
Smoking Cessation Champion  
Letter of Support**

Date \_\_\_\_\_, \_\_\_\_\_

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Dear RNAO,

As the \_\_\_\_\_ of \_\_\_\_\_, I am supporting \_\_\_\_\_ to  
(title) (organization) (RN / Applicant)  
join the Best Practice Champion Network and attend the Smoking Cessation Champions workshop on  
\_\_\_\_\_.  
(date)

In his/her current role as a(n) \_\_\_\_\_ he/she will be supporting the staff  
(RN / Applicant title/position)  
at \_\_\_\_\_ as they work towards the implementation of the Nursing Best  
(organization)

Practice Guideline, *"Implementing Smoking Cessation into Daily Nursing Practice"*.

I will support him/her in the role of Smoking Cessation Champion throughout the planning, implementation, and sustainability phases of the guideline.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address