

eHealth Champion Network

The objective of an eChampion Network is to support understanding, acceptance and adoption of informatics in Point-of-Care activities for nurses and other members of the health team in a variety of healthcare organizations; and to help identify effective support strategies for colleagues in the workplace. eChampions will be selected based on criteria established by RNAO. Successful applicants will be notified of their acceptance by email or phone and provided with information related to these attendances

1. Written statement expressing reasons for being an eHealth Champion
- 2) Summary of your involvement with eHealth in your organization
- 3) Letter of support from Sponsor Organization.

Please email or fax the application form to join the eHealth workshop along with a [letter of support](#) from your Nursing Manager, Director, or Chief of Nursing to Jackie Boyce, eHealth Project Coordinator at jboyce@rnao.org or fax: 416-599-1926. All areas must be completed for application consideration.

Please print clearly:

First Name _____	Last Name _____
Home Address _____	_____
City _____	Province _____
Postal Code _____	
Mobile/Pager _____	
Home Phone _____	Work Phone _____
Home Email _____	Work Email _____
Work Title/ Position _____	
Organization's Name _____	
Address _____	
City _____	
Province _____	
Postal Code _____	

Please check the workshop that you could attend if selected

<input type="checkbox"/> Barrie, February 19 2010 Holiday Inn, Barrie	<input type="checkbox"/> Owen Sound, March 16 2010 Location to be confirmed
<input type="checkbox"/> Kitchener-Waterloo, February 26 2010 Location to be confirmed	<input type="checkbox"/> Mississauga, March 18 2010 Location to be confirmed
<input type="checkbox"/> Thunder Bay, March 4 2010 Location to be confirmed	
<input type="checkbox"/> Ottawa, March 8 2010 Location to be confirmed	
<input type="checkbox"/> Peterborough, March 10 2010 Location to be confirmed	
<input type="checkbox"/> Windsor, March 12 2010 Location to be confirmed	<p style="text-align: center;">Please note that RNAO will cover all travel, meals and accommodations.</p>

Please check your employment status at your sponsoring organization:		
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual
Please check how long have you been with your current organization:		
<input type="checkbox"/> <1 year	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> 16-25 years
<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 11-15 years	<input type="checkbox"/> >25 years
<input type="checkbox"/> 3-5 years		
Please check the specialty area you are currently working in:		
<input type="checkbox"/> Antenatal/Postpartum	<input type="checkbox"/> Infection Control	<input type="checkbox"/> Operating Room
<input type="checkbox"/> Cardiac Care	<input type="checkbox"/> Knowledge transfer /	<input type="checkbox"/> Paediatrics
<input type="checkbox"/> Critical Care	Guideline Implementation	<input type="checkbox"/> Pain
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Medical/Surgical	<input type="checkbox"/> Palliative Care
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Neonatal	<input type="checkbox"/> Psychiatric/Mental Health
<input type="checkbox"/> Emergency/Trauma	<input type="checkbox"/> Neurology	<input type="checkbox"/> Wound Care
<input type="checkbox"/> Gerontology	<input type="checkbox"/> Oncology	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Health Promotion		
Please check how long have you been working in this specialty:		
<input type="checkbox"/> <1 year	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> 16-25 years
<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 11-15 years	<input type="checkbox"/> >25 years
<input type="checkbox"/> 3-5 years		
Workplace setting(s) (Check one or more of the following):		
<input type="checkbox"/> Ambulatory Care	<input type="checkbox"/> Home Health Care	
<input type="checkbox"/> Acute Care Hospital	<input type="checkbox"/> Long-Term Care	
<input type="checkbox"/> CHC	<input type="checkbox"/> Psychiatric Hospital/ Mental Health	<input type="checkbox"/> Public Health
<input type="checkbox"/> Complex Continuing Care		<input type="checkbox"/> Rehabilitation
		<input type="checkbox"/> Other: _____
Please indicate what Local Health Integration Network you belong to:		
<input type="checkbox"/> 1. Erie St. Clair	<input type="checkbox"/> 6. Mississauga Halton	<input type="checkbox"/> 11. Champlain
<input type="checkbox"/> 2. South West	<input type="checkbox"/> 7. Toronto Central	<input type="checkbox"/> 12. North Simcoe Muskoka
<input type="checkbox"/> 3. Waterloo Wellington	<input type="checkbox"/> 8. Central	<input type="checkbox"/> 13. North East
<input type="checkbox"/> 4. Hamilton Niagara Haldimand Brant	<input type="checkbox"/> 9. Central East	<input type="checkbox"/> 14. North West
<input type="checkbox"/> 5. Central West	<input type="checkbox"/> 10. South East	<input type="checkbox"/> Not Sure

3. Are you a member of an RNAO Spotlight Organization? Yes No

Is so, which one?

4. Are you a member of RNAO? Yes No

(Not required for Network Participation)

A letter of support from your organization manager, director or Chief Nursing Officer is required in order to process your application and is to be forwarded with this application. This letter should include the following details, recognizing that for some organizations eHealth applications may be in early stages:

- 1) Applicant's anticipated role in supporting eHealth in the organization
- 2) Description of the organizational supports available to assist with applicant's role with eHealth
- 3) Acknowledgement and support of the applicant's role with eHealth.

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

Signature: _____ Date: _____

If you require further information on this workshop, please feel free to contact:

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