



The Academy of Canadian Executive Nurses
L'Académie des Chefs de Direction en Soins Infirmiers

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ACEN
APPLICATION FORM

NAME: _____

TITLE: _____

INSTITUTION: _____

Please indicate if your Institution is:

- A member of ACAHO (see pg 2)
- A regional health authority (see pg 2)
- Teaching Hospital (NON - ACAHO)
- Other (please specify) _____

ADDRESS:

PHONE: _____

FAX: _____

E-MAIL: _____

Assistants' Name: _____

E-mail: _____

PLEASE DESCRIBE YOUR ROLE IN RELATION TO TEACHING.

PLEASE DESCRIBE YOUR ROLE IN RELATION TO RESEARCH.

- If you are in an ACAHO associated organization or a Regional Health Authority you may enroll up to 4 senior nurses in your organization to become members of ACEN. The annual institutional fee is \$3000.00.
- If you are an individual member your annual fee is \$300.00 as part of the general membership category

The membership committee reviews all applications for eligibility. You will be advised of their decision as soon as possible.

Due date for all applications is **April 30, 2006**.

Thank you for your interest in **ACEN**.

NOTE: *General membership is not available to nurse executives who work in Regional Health Authority or an ACAHO associated organization.*

ACAHO associated organization or a Regional Health Authority may enroll up to 4 senior nurses in your organization to become members of ACEN. Please list the individual names and contact info of your other 3 senior nurses below along with assistants' name and contact info.

Name	Title	Address	Phone	Fax	E-mail
	Assistant:				
	Assistant:				
	Assistant:				