Ontario

Ministry of Health

Grow Your Own Nurse Practitioner Initiative - Application

Nurse Practitioners (NPs) are valued and respected members of Ontario's health care teams and integral to the Ontario government's vision for promoting access to primary health care. The Grow Your Own Nurse Practitioner Initiative (GYONP) was developed in 2005/06 to address some of the challenges that communities face in recruiting NPs and updated in 2015/16 to reflect the needs of today's health care environment. This Initiative allows a health care organization, that currently has a government of Ontario funded vacant NP position that has been vacant, the flexibility to repurpose this funding. Funding can be repurposed, (or a portion thereof) to sponsor a Registered Nurse (RN) to complete her/his post-graduate Primary Health Care NP (PHCNP) education, and subsequently fill the vacant position while fulfilling a return of service agreement.

The completion of the GYONP application is the responsibility of the organization. For more information on completion of the application please see the Program Guideline.

Date of Application (yyyy/mm/dd) _____

Sponsoring Organization Information

Name of Organization

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Contact Information for Primary Contact in Sponsoring Organization

Last Name	First Name

Telephone Number	Fax Number	Email Address

Contact Information for Most Senior Executive Officer in Sponsoring Organization

Last Name	First Name

Telephone Number	Fax Number	Email Address

Contact Information for Senior Nursing Official in Sponsoring Organization

Last Name	First Name

Telephone Number	Fax Number	Email Address

Contact Information for RN Applicant

Last Name	First Name

Telephone Number	Fax Number	Email Address

Sponsoring Organization Details

1. Is the funding that is currently allocated to your agency/institution for a Nurse Practitioner - Primary Health Care (NP - PHC) position?

   ☐ Yes ☐ No

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2. Do you have a vacant NP-PHC full-time equivalent position? If yes, please state how many months the position has been vacant.

☐ Yes _____ months ☐ No

3. If the NP-PHC position has been vacant for more than three months but less than six months, does your community have a Rurality Index of Ontario (RIO) score of 60 or over?

☐ Yes ☐ No

4. If you answered yes to #2 please provide a copy of the following, to demonstrate the organization's reasonable recruitment attempts to fill the NP position

   a. A copy of your advertisement(s) from HealthForceOntario Jobs (hfojobs.healthforceontario.ca) validating two or more postings for the NP position during the vacancy period.

   b. Two or more postings for the NP position during the vacancy period in one of the following:

      - Weekly or periodic newspapers, journals, newsletters, national/regional newspapers, or free local newspapers
      - Ads in local stores, community resource centres, or local regional employment centres; and
      - Recognized Internet job sites

   As per the Program Guideline, documentation should include the following:

      1) The organization's operating name;
      2) Job duties (for each position, if advertising for more than one vacancy); and
      3) Wage range.

RN Candidate Details

5. Has the RN Candidate been identified?

☐ Yes ☐ No

6. Is the RN Candidate currently employed at your organization?

☐ Yes ☐ No

7. Does the RN Candidate meet the following eligibility criteria:

   a. Accepted into a full-time post-graduate PHCNP Education Program? (Please attach documentation.)

   ☐ Yes ☐ No

   b. Enrolled in a full-time post-graduate PHCNP Education Program and completed or in the process of completing first year? (Please attach documentation.)

   ☐ Yes ☐ No

   If your answer to question 7 is No, skip to question 7c.

   b1. If the RN Candidate has already completed a portion of the full-time post-graduate PHCNP Education Program, please indicate the number of months of the Education Program that they have completed.

   _____ months

   c. Live within 125 km, or is willing to relocate to live within 125 km, of the vacant NP position?

   ☐ Yes ☐ No

   d. Agrees to the Return of Service (RoS) agreement as outlined in the GYONP Program Guideline, and agrees to enter a RoS agreement with organization?

   ☐ Yes ☐ No

Program Details

8. Will the organization be offering at least one of the clinical placements for the RN participating in the GYONP?

☐ Yes ☐ No

9. If answer to question 8 is no, please provide details to explain why a clinical placement is not possible (1/4 page maximum)

10. What is the total annual budget required for the RN Candidate salary and benefits (benefits not to exceed 24%)?

(Salary) $ _____ (Benefits) $ _____ (Total) $ _____

Signatures

Sponsoring Organization

Name of contact at Sponsoring Organization

I, _____

confirm that the information contained in this application is true and accurate to the best of my knowledge.

Contact at Sponsoring Organization Signature | Date (yyyy/mm/dd)

_____ _____

Name of most senior executive officer at Sponsoring Organization

I, _____

confirm that the information contained in this application is true and accurate to the best of my knowledge.

Most senior executive officer at Sponsoring Organization Signature | Date (yyyy/mm/dd)

_____ _____

Name of senior nursing leader (if applicable) at Sponsoring Organization

I, _____

confirm that the information contained in this application is true and accurate to the best of my knowledge.

Senior nursing leader (if applicable) at Sponsoring Organization Signature | Date (yyyy/mm/dd)

_____ _____

RN Applicant

Name of RN Candidate

I, _____

confirm that the information contained in this application is true and accurate to the best of my knowledge.

RN Candidate Signature | Date (yyyy/mm/dd)

_____ _____