

## Visitor Application Form for Health Care Professionals from Outside of Canada

Thank you for your interest in visiting the Edmonton Zone Palliative Care Program in Edmonton, Canada. We welcome visitors from within and outside the Edmonton Zone. Every effort is made to accommodate requests; however, availability of staff and the number of requests received may limit our ability to assist you in meeting your visit objectives. We appreciate your understanding.

Visitors are health care professionals who are working in the area of palliative care, or are preparing for a new role in palliative care. In general, the maximum number of visitors in a group is two (2). Please see page 3 for more information about maximum number of visitors at one time. *There are no visits in July, August, and December.* Visitors are responsible for arranging their own meals, transportation, accommodations, and, if necessary, translation services.

**Fees:** An administrative fee of \$250 in Canadian funds is charged for each visitor for each day of the visit. Fees are payable prior or during your visit. If securing funds poses an undue hardship on your program, a limited number of bursaries are available for overseas colleagues from developing countries. Please contact *Jaimie Gibson* [Jaimie.Gibson@albertahealthservices.ca](mailto:Jaimie.Gibson@albertahealthservices.ca) for an application form.

An Application Fee of \$250 is charged per application and payable when you submit your application. If your visit is confirmed, the Application Fee will be applied to the Administrative Fee. If your visit cannot be planned, we will return the Application Fee. If you cancel your visit, the Application Fee will not be refunded.

To help us understand and meet your objectives, please complete this application form and submit six (6) months in advance of your requested date(s).

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Position Title: \_\_\_\_\_

Profession and Credentials: \_\_\_\_\_

Employer / Place of Work: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

\_\_\_\_\_

If a colleague from your workplace is joining you, you will be the contact person for your group. Please provide your colleague's Name, Position Title, Profession and Credentials below:

\_\_\_\_\_

\_\_\_\_\_

Preferred Visit Dates: \_\_\_\_\_  
Alternative Dates: \_\_\_\_\_

Please check the duration of visit you are requesting:

½ day                       1 day                       2 days  
 1 work week               2 work weeks               Other: \_\_\_\_\_

1) Identify your objectives in visiting the Regional Palliative Care Program:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2) How do you expect your visit to benefit your professional practice and/or your organization?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) How might your visit benefit the Edmonton Zone Palliative Care Program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) If English is not your first language, please identify the language in which you are most comfortable speaking:

\_\_\_\_\_

\_\_\_\_\_

5) Our program does not provide translation services. You are welcome to make your own arrangements for a translator. If you are using a translator, please provide the contact information:

\_\_\_\_\_

\_\_\_\_\_

6) If you would like to add any further information that would be helpful in considering your application, please do so:

\_\_\_\_\_

\_\_\_\_\_

7) How did you hear about our program?

\_\_\_\_\_

\_\_\_\_\_

Subject to availability of relevant staff, which programs and/or disciplines would you like to spend time with during your visit? Please note certain programs are available on specific days only, and can accommodate a maximum number of visitors at one time.

Please check as appropriate:

**Administration**

\_\_\_ Program Manager  
\_\_\_ Medical Director

\_\_\_ Data Manager  
\_\_\_ Clinical Nurse Specialist

**Clinical Program or Personnel**

\_\_\_ Clinical Nurse Educator  
\_\_\_ Cross Cancer Institute: Pain and Symptom Team (Wednesday Clinic, maximum 1 visitor per patient case, up to 4 cases per clinic, subject to patient's approval. # of patients confirmed on day of clinic)  
\_\_\_ Cross Cancer Institute: Telehealth Clinic (Tuesday Clinic, maximum 2 visitors)  
\_\_\_ Health Economist  
\_\_\_ Hospice Coordinator  
\_\_\_ Hospice Unit  
\_\_\_ Hospice Staff Nurse  
\_\_\_ Nurse Consultant  
\_\_\_ Nurse Practitioner  
\_\_\_ Palliative Home Care Nurse  
\_\_\_ Pastoral Care  
\_\_\_ Pharmacist

\_\_\_ Physician Consultant, Acute Care (1 visitor per physician, 2 acute care sites)  
\_\_\_ Physician Consultant, Community (1 visitor per physician)  
\_\_\_ Psychologist  
\_\_\_ Research  
\_\_\_ Social Worker  
\_\_\_ Tertiary Palliative Care Unit (TPCU)  
\_\_\_ TPCU Manager  
\_\_\_ TPCU Physician  
\_\_\_ TPCU Staff Nurse  
\_\_\_ Other: \_\_\_\_\_  
\_\_\_ Other: \_\_\_\_\_

Please have your Supervisor or Manager complete below to indicate that you have approval to visit Edmonton, be absent from work for the dates you have requested, and incur expenses associated with traveling and the administrative fee:

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date Signed

Fax one application form for the group to (780) 735-7640, along with a c.v. or resume for each individual requesting to visit. For the Application Fee, mail a cheque of \$250 in Canadian funds payable to the Edmonton Zone Palliative Care Program to this address:

**Edmonton Zone Palliative Care Program  
Room 335, St. Marguerite Health Services Centre  
Grey Nuns Community Hospital  
1090 Youville Drive, Edmonton AB, Canada T6L 0A3**

Please submit your application six (6) months in advance of your requested visit dates. Do not book travel arrangements such as hotel accommodations, plane tickets, or local transportation until we confirm your itinerary. For further information, you may contact:

Jaimie Gibson, Administrative Assistant  
Email: [Jaimie.Gibson@albertahealthservices.ca](mailto:Jaimie.Gibson@albertahealthservices.ca)  
Website: [www.palliative.org](http://www.palliative.org)