



**Administration of Cancer Chemotherapy –
Maintenance of Competency/
Recertification**

APPLICATION TO ACCESS ONLINE MODULES

Name: _____

Phone# _____ (Home) _____ (Work)

E-Mail: _____

Employer Name: _____

Employer Address: _____

_____ Postal Code: _____

Current Position: _____

Managers Name: _____

Date of initial chemotherapy administration certification: _____ (dd/mm/yy **required field**)

Have you previously completed the online program? NO YES _____ (year)

**Please Fax Completed Form to:
Cancer Care Nova Scotia-Education Administrative Assistant
Fax# 902-473-6412**

OFFICE USE ONLY Date Received: _____ Accepted for Course: _____ Follow-up: _____ _____ _____ _____
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