



Clinical Nurse Specialist Association of Ontario
 Association des infirmières et infirmiers
 cliniciens spécialisés de l'Ontario

Newsletter

2026. No. 1

March - April

Message from the President

CNO: Protection of the Public !

Hello Colleagues!

Following our meeting with the College of Nurses of Ontario (CNO) on November 6, 2025, we would like to thank Silvie Crawford and her colleagues, and RNAO Executive team for the time dedicated to meeting with five of us (CNS-ON) and for the constructive exchange regarding **title protection** and **prescribing authority** for Clinical Nurse Specialists in Ontario.

First, we would like to acknowledge and support the College of Nurses of Ontario's position regarding patient safety and the public protection.

The College of Nurses of Ontario (CNO) has a clear statutory mandate to protect the public by ensuring that nursing practice is safe, competent, and ethical. This mandate includes preventing the misrepresentation of professional roles and titles that may mislead the public or compromise patient safety. **In the absence of title protection** for Clinical Nurse Specialists (CNSs), nurses without the required graduate-level nursing education, advanced clinical nursing competencies, or regulatory recognition may be identified or self-identify as CNSs. This lack of clarity places **patients and clients at risk** and undermines the **public's trust** in the nursing profession.

Misrepresentation of the CNS role is not a benign issue. Patients, clients, families, and healthcare organizations reasonably assume that a nurse using the CNS title possesses advanced nursing education, specialized clinical nursing expertise, and the authority to manage complex care needs. When this assumption is incorrect, it creates a false sense of safety and accountability. From a public protection perspective, allowing unqualified individuals to use the CNS



Paul-André Gauthier

RN, CNS; B.Sc.N., TCC,
 DMD, MN, PhD (Nursing)

President, CNS-ON

Clinical Nurse Specialist in
 Palliative Care

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designation contradicts the CNO's responsibility to ensure transparency, role clarity, and professional integrity within nursing practice.

At the same time, properly credentialed Clinical Nurse Specialists represent an underutilized resource within Ontario's healthcare system. CNSs with advanced education and demonstrated competencies improve quality of care through expert clinical decision-making, leadership in evidence-based practice, and system-level improvements. Their impact is well documented in jurisdictions where the CNS role is clearly regulated, showing improvements in patient outcomes, reduced complications, better care coordination, and more efficient use of healthcare resources.

To fulfill its **public protection** mandate, the CNO must address both the risks of misrepresentation and the missed opportunities to strengthen regulatory clarity while advancing excellence in nursing practice. Data from CNO in May 2025 clearly indicates that RN with only a B.Sc.N. (158) and a Nursing Diploma (31) self-identify as CNS **and** that RN with only a B.Sc.N. (172) and a Nursing Diploma (44) self-identify as Advanced Practice Nurse (APN) [see the link to the table below]. Establishing title protection and enabling prescribing authority for qualified CNSs would ensure that only appropriately prepared nurses use the designation and that patients and clients benefit from timely, safe, and expert care. Such **regulatory clarity** would strengthen accountability, enhance patient outcomes, and align Ontario's nursing framework with national and international best practices, ultimately reinforcing public confidence in the nursing profession in Ontario.

Sincerely,

Paul-André Gauthier, CNS, PhD (nursing)

President - CNS-ON.

CNS-ON AGM

Thursday, June 4, 2026, 19:00

Protection of the Public and Patient Safety in Perinatal Care: The Role of the Clinical Nurse Specialist in Ontario

Protection of the public and patient safety are foundational principles of nursing practice in Ontario and are central to the role of the Clinical Nurse Specialist (CNS). As regulated health professionals under the College of Nurses of Ontario (CNO), nurses are accountable for providing safe, ethical, and evidence-informed care (College of Nurses of Ontario [CNO], 2019). From my experience working in perinatal care, the CNS plays a critical role in upholding these principles at both the individual patient level and across systems of care.

In high-risk obstetrics, patients often present with complex medical, psychosocial, and ethical considerations, including preeclampsia, diabetes, preterm labour, fetal growth restriction, and perinatal mental health concerns. These conditions carry significant risk for both maternal and neonatal morbidity and mortality (Public Health Agency of Canada [PHAC], 2022). The CNS contributes to patient safety by providing advanced clinical expertise, supporting early identification of deterioration, and facilitating timely escalation of care. Through comprehensive assessments and critical thinking, the CNS helps prevent adverse outcomes by anticipating complications rather than reacting to them (Canadian Nurses Association [CNA], 2021).

Beyond direct patient care, CNS practice significantly impacts protection of the public through leadership in quality improvement and clinical governance. CNSs are uniquely positioned to influence system-level safety by developing, implementing, and evaluating clinical policies, guidelines, and care pathways (CNA, 2019). For example, standardized protocols for managing hypertensive disorders of pregnancy or postpartum hemorrhage help reduce variability in care and ensure that all patients receive safe, consistent, and high-quality treatment (Ontario Ministry of Health, 2020). This systems-level work aligns with the CNO’s mandate to promote public safety by ensuring that nursing practice is grounded in competence and accountability (CNO, 2019).

Education is another critical dimension of CNS practice related to patient safety. The CNS supports frontline nurses through mentorship, clinical teaching, and just-in-time education, particularly in high-acuity situations. In high-risk obstetrics, this may include simulation training for obstetric emergencies, debriefing after critical incidents, and reinforcing safe medication practices. Evidence suggests that ongoing professional education improves clinical competence and reduces preventable harm (Canadian Patient Safety Institute [CPSI], 2020). By strengthening the knowledge and skills of nursing staff, the CNS indirectly protects patients by reducing human error and enhancing clinical judgment.

The CNS also plays a key role in advocating for patients and families, particularly when navigating complex care decisions or system barriers. Advocacy supports patient safety by ensuring that patients’ voices are heard, informed consent is respected, and care plans align with both clinical needs and patient values (CNA, 2017). This is especially important in obstetrics, where care decisions affect two patients—the birth parent and the fetus—and often involve emotionally charged and ethically sensitive situations.

In conclusion, the Clinical Nurse Specialist contributes to protection of the public and patient safety through advanced clinical expertise, leadership in quality improvement, staff education, and patient advocacy. From my experience in high-risk obstetrics, the CNS serves as a bridge between bedside care and organizational systems, ensuring that safety is not only a goal, but a sustained practice embedded in everyday clinical work. Through this multifaceted role, the CNS upholds the core mandate of nursing in Ontario: to protect the public and provide safe, high-quality care.

Emily Fung
RN, MN, PNC(C)
Director of Membership & Services.

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CNS as **Role Diversities**... **not** Role Ambiguity !

Clinical Nurse Specialists carry not only clinical responsibility but also professional stewardship of the language that defines our CNS practices. The terminology we use to describe Clinical Nurse Specialist influences how colleagues, employers, regulators, and the public understand our scope, expertise, and accountability. In a healthcare environment that increasingly emphasizes transparency, patient safety, and regulatory precision, the words we select are consequential. It is therefore essential that our discourse reflects the strength, coherence, and legitimacy of CNS practice rather than inadvertently diminishing it.

In nursing practice, terminology is **not** merely semantic; it shapes professional identity, regulatory clarity, and public understanding. When we describe challenges as “problems with role clarity,” we risk framing the evolution of Clinical Nurse Specialist practice as a deficit rather than as a reflection of its depth and adaptability. A more accurate and constructive interpretation is that CNS practice encompasses diverse variations across clinical contexts, populations, and organizational structures. **These variations** do not signal confusion; rather, they **demonstrate the responsiveness** of the **CNS practice to complex healthcare environments**. Academic discourse and professional communication should therefore emphasize the dynamic and **context-sensitive** nature of **CNS practice**, while articulating its core competencies with precision and confidence.

For example, a Clinical Nurse Specialist **in oncology** may focus on complex symptom management, survivorship planning, and leading the implementation of evidence-based chemotherapy protocols across inpatient and ambulatory settings. In contrast, a CNS **in cardiology** may concentrate on optimizing heart failure management, reducing readmission rates through transitional care models, and guiding interprofessional teams in advanced cardiac interventions. A CNS **in mental health** may prioritize crisis stabilization pathways, trauma-informed care practices, and system-level quality improvement initiatives that address access and equity. Similarly, a CNS **in palliative care** adapts practice to emphasize goals-of-care conversations, advanced pain and symptom control, and support for families navigating end-of-life decisions. These **CNS practices variations** reflect responsiveness to, e.g., patient populations, settings, diseases or medical subspecialties, types of care, types of clinical problems, and organizational priorities, not inconsistency in role identity. In each context, the CNS applies the same foundational advanced competencies, clinical expertise, consultation, leadership, research integration, and system improvement, while **adapting their focus to meet the specific needs of the healthcare environment** in which they practice.

Using language that highlights the breadth and intentional variation of CNS roles strengthens professional legitimacy and **aligns with principles of public protection**. Clear articulation of foundational competencies, graduate preparation, and scope parameters allows

stakeholders to appreciate both the consistency and the flexibility within CNS practice. By framing **differences**, as indicated by previous examples, as contextual adaptations grounded in advanced expertise, rather than as ambiguity, will reinforce **accountability** and enhance interprofessional understanding. Precision in terminology ultimately supports regulatory integrity, fosters trust among patients and partners, and positions the CNS role as **a mature and evolving domain** of advanced nursing practice.

This precision becomes particularly important when discussing **the protection of the public**. Properly labeling CNS practice ensures that patients, families, employers, and regulators can accurately identify **who is qualified to function within this advanced role**. When the title “Clinical Nurse Specialist” is used consistently and in alignment with defined educational and **competency standards**, it safeguards transparency and accountability. Conversely, imprecise labeling can obscure qualifications and inadvertently compromise public trust. Therefore, affirming the distinct identity of CNS practice through accurate terminology is not only a professional responsibility but also an ethical obligation central to public protection and patient safety.

In conclusion, the language we choose to describe Clinical Nurse Specialist practice carries significant professional and regulatory implications. We do not want to risk undermining the credibility of an advanced practice role that is **grounded in graduate education, defined competencies, and measurable outcomes**. It is therefore not recommended that this terminology be used in our professional vocabulary, whether among ourselves, with other healthcare providers, with employers, with the public, or in discussions with regulatory colleges. Instead, we should consistently articulate CNS practice as a role characterized by **contextual variation** within a **clearly defined framework** of advanced expertise and **accountability**. Such disciplined and intentional language strengthens public protection, reinforces **professional integrity**, and affirms the maturity and legitimacy of Clinical Nurse Specialist practice.

(see the Power Point - [Microsoft PowerPoint - CNS-Association of Ontario-April-2015-ok.pptx](#))

Respectfully submitted by,

Paul-André Gauthier
Clinical Nurse Specialist

Northern Ontario: Underfunding in Healthcare and CNS.

A provincial government carries a fundamental responsibility to protect the health, safety, and well-being of its population. This obligation is not abstract or symbolic, it is exercised through concrete policy decisions, funding priorities, and long-term planning. Healthcare sits at the center of this responsibility, as it directly shapes population health outcomes, community resilience, and public

confidence in government leadership. When governments fail to invest adequately in healthcare, the effects are neither neutral nor evenly distributed across the province.

Chronic underfunding of healthcare systems limits access to timely and appropriate care. Emergency departments become overcrowded, wait times for diagnostics and specialist services lengthen, and individuals are often forced to navigate fragmented pathways to care. For example, individuals in Northern Ontario may wait months for imaging or specialist consultations that are readily available within weeks in southern urban centres, sometimes requiring travel of several hours or temporary relocation to receive care. Delays that might be inconvenient in well-resourced regions can become life-altering in under-resourced areas, where alternatives are scarce and travel distances are significant. Timely care is not a luxury, it is a determinant of safety, recovery, and survival.

Preventative and primary care services are often the first casualties of constrained budgets. Programs aimed at health promotion, chronic disease prevention, mental health support, and early intervention are scaled back or deprioritized in favour of crisis-driven care. For instance, community-based diabetes education programs clinics may be reduced or eliminated, despite their proven role in **preventing hospital admissions**. In northern and rural communities, the loss of even a single primary care clinic or public health program can leave residents without local access to routine screenings, immunizations, or prenatal care.

Health inequities deepen when investment fails to account for **regional realities**. Rural, Indigenous, and marginalized communities face structural barriers such as limited local services, workforce shortages, and inadequate infrastructure. Northern Ontario is particularly affected, where geography, weather, and distance compound existing challenges. For example, Indigenous communities may rely on fly-in services or rotating providers, leading to disruptions in continuity of care and delayed treatment. Without **sustained funding** for culturally safe care models and Indigenous-led health initiatives, disparities in chronic disease, mental health, and life expectancy persist.

Underinvestment also places an unsustainable burden on healthcare workers, particularly registered nurses and nurse practitioners who serve as the backbone of care delivery in northern and rural settings. **Staffing shortages**, moral distress, and burnout are intensified when professionals are asked to do more with fewer resources. A common example is a small northern hospital operating below safe staffing levels, where nurses may work extended shifts or cover multiple roles simultaneously. This increases the risk of errors, accelerates workforce attrition, and discourages new graduates from practicing in these communities.

The consequences of underfunding extend beyond hospitals into community stability and economic vitality. When healthcare services are reduced or centralized, communities may struggle to attract and retain residents, businesses, and professionals. For instance, **the loss of obstetrical services** in a northern town can force families to travel weeks before delivery, separating them from their support networks and increasing financial strain. Over time, these service gaps contribute to population decline and reinforce regional inequities.

Long-term underinvestment also undermines trust in public institutions. When residents repeatedly experience cancelled services, prolonged wait times, or inconsistent access to care, **confidence** in the healthcare system and in government leadership **erodes**. An example can be seen when communities are promised new clinics or expanded services that are delayed or never realized, fostering cynicism and disengagement. This **erosion of trust** makes future reforms more difficult to implement and weakens collective commitment to public healthcare.

Failing to adequately fund healthcare places population health at risk and contradicts the core mandate of provincial governance. The impacts are most acutely felt in Northern Ontario, where long-standing **inequities** demand targeted investment and sustained political commitment. Protecting population health requires more than rhetoric, it requires deliberate, **equitable funding decisions** that recognize **regional needs**, strengthen preventative care, and support the healthcare workforce. Anything less leaves both communities and the professionals who serve them carrying the consequences of systemic neglect.

In addition, Clinical Nurse Specialists can play a **pivotal role** in Northern, for example, in **improving access to healthcare** when shortages of primary care providers limit the system's capacity to respond to community needs. By functioning as advanced practice nurses with deep clinical expertise, CNSs can assess, manage, and coordinate care for individuals with complex or chronic conditions who might otherwise face long delays to see a physician. For example, in northern and rural communities where family physicians are scarce, a CNS embedded in a community health centre or hospital outpatient program can **provide timely clinical consultations**, adjust care plans, and support symptom management. This not only reduces unnecessary emergency department visits but also ensures that clients receive consistent, evidence-informed care closer to home.

CNSs strengthen access by supporting and extending the capacity of the **broader healthcare workforce**. Through mentorship, education, and clinical leadership, CNSs enhance the confidence and competence of registered nurses, nurse practitioners, and interprofessional healthcare teams working in under-resourced settings. For instance, a CNS specializing in chronic disease or mental health can develop standardized care pathways, provide case-based coaching, and lead quality improvement initiatives that allow frontline providers to manage more complex cases safely. In regions facing persistent provider shortages, this systems-level contribution improves continuity of care, **optimizes existing human resources**, and helps stabilize services while long-term recruitment strategies are pursued.

In conclusion, Clinical Nurse Specialists represent a practical, evidence-based solution to improving access to care in the context of ongoing primary care shortages. Their ability to provide advanced clinical care, lead system improvements, and strengthen interprofessional practice makes them uniquely positioned to **bridge gaps** in service delivery, particularly in northern, rural, and underserved communities. By integrating CNS roles more intentionally into healthcare planning and funding models, provinces can enhance continuity of care, reduce pressure on overstretched providers, and move closer to a more equitable, responsive, and sustainable healthcare system that truly meets the needs of the population.

Sincerely,

Paul-André Gauthier
Clinical Nurse Specialist

Disclaimer: This article was created with the assistance of ChatGPT, using specific information and guidelines. The author contributed additional content to ensure its relevance to the members, with efforts made to ensure accuracy and coherence.

CNS-ON Awards 2026

Check our website: <http://cns-ontario.rnao.ca/awards>

<p>Webinar:</p> <p>“ Colleague to Colleague ”</p> <p><i>Mark your calendar (see your email)</i></p> <p>Wednesday, April 15th, 2026</p> <p><i>at 20:00</i></p>	<p>If you need to be in touch with us:</p> <p>CNSOntario1@gmail.com</p>
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The Preferential Use of the Title “Clinical Nurse Specialist” over...

The designation Clinical Nurse Specialist (CNS) is both precise and role-specific, whereas the term Advanced Practice Nurse (APN) functions as a broad umbrella category encompassing multiple advanced nursing roles. While APN may include nurse practitioners, clinical nurse specialists, nurse anesthetists, and other advanced practice roles depending on jurisdiction (e.g. in USA), it does not clearly communicate the unique scope, competencies, and accountability associated with CNS practice. **For purposes of regulatory clarity**, public protection, and professional identity, the explicit use of “Clinical Nurse Specialist” is therefore preferable when referring to this distinct role.

The **CNS designation** reflects a defined educational preparation, typically at the graduate level, and a clearly articulated set of **competencies** that include **expert clinical practice**, consultation, leadership, research integration, and system-level improvement. In contrast, the term APN may obscure these distinctions by grouping diverse roles under a single label. This lack of specificity can create ambiguity for employers, policymakers, interprofessional colleagues, and, most importantly, the public. When role clarity is essential for accountability and patient safety, precision in terminology becomes a professional obligation.

From a regulatory and public protection perspective, the explicit use of “Clinical Nurse Specialist” enhances **transparency**. Patients and healthcare partners have the right to understand who is providing care and under what scope of authority. The CNS title communicates **a distinct advanced practice identity** grounded in specialty expertise and system leadership, whereas APN does not convey this specificity. Particularly in discussions involving title protection, scope of practice, or prescribing authority, it is critical to name the role accurately to avoid conflating it with other advanced practice designations.

Finally, the use of the CNS title **strengthens professional advocacy**. When seeking regulatory recognition, title protection, or expanded authority, the argument must rest on the competencies and outcomes associated specifically with CNS practice. Relying on the broader

APN terminology may dilute the **unique contributions** and measurable impact of **CNSs** in improving quality of care and patient outcomes. For these reasons, the consistent and intentional use of “Clinical Nurse Specialist” is not only preferable but **strategically and ethically necessary** in professional, regulatory, and policy discourse.

Respectfully submitted by,

Paul-André Gauthier
Clinical Nurse Specialist

Canadian Nurses are Coming Together in September in Winnipeg, MB

Beginning on September 21, 2026, Canadian nurses will gather in Winnipeg for the first Conference of the Canadian Nurses Association in eight years. The title for the three-day conference is “The Power of Nurses to Transform Health: Our Expertise, Our Impacts”. It has been a long time since we have been able to get together face to face for a national conference so this promises to be an event that will energize and excite Canadian nurses.

To date over 380 abstracts have been submitted promising a rich offering of posters and presentations showcasing nursing research, nursing projects and nursing practice. While plenary speakers have yet to be announced, nurses have already begun to register for the event, which will close at the end of September 23, 2026.

The first day will see a mix of specialty groups holding meetings, including the Clinical Nurse Specialist Association of Canada. Planning has involved input from the National Network of Nursing Specialties which represents the many areas of nursing specialties at both the post entry level and at the level of Clinical Nurse Specialists.

This is a tremendous opportunity to focus on Canadian nursing, to gather, network, exchange ideas, and re-energize. I look forward to seeing many of you there.

More information can be found at <https://www.cna-aiic.ca/en/news-events/upcoming-events/conference-2026>

Submitted by,

Elsabeth Jensen, RN, BA, PhD (Nursing)
Member-at-Large

Patient Safety: Time to Reconceptualize CNS Indirect Practices?

Clinical Nurse Specialists (CNSs) are integral in health care organizations to advance nursing practice, care quality, and patient outcomes (Bryant-Lukosius et al., 2015; Canadian Nurses Association, 2016; Dresser et al., 2025; Ebright, 2014; Fulton et al., 2016; Glarcher & Vaismoradi, 2025; Kilpatrick et al., 2013; Mistri et al., 2023). Safety, a key contributor to the quality of care and patient outcomes, is embedded in CNS practices that may not be directly visible to patients, families, or other healthcare providers. Fifteen years ago, Lewandowski and Adamle (2009), completed a comprehensive literature review of CNS practice areas (n=277) and found that a large amount of CNS

work occurs “behind the scenes” (p. 9) of direct clinical patient care which results in misunderstandings with the public (Fulton et al., 2013) and colleagues about how CNSs practice and are evaluated (Dresser et al., 2025). In turn, our language about our practice being indirect or “behind the scenes” conceals and minimizes our contributions to improving patient safety. In the absence of CNS work that is “behind the scenes” or “indirect,” limits CNSs’ abilities to assess and manage patient safety and outcomes (Canadian Nurses Association, 2016; Ebright, 2014).

To promote a safety culture and climate in the healthcare environment, CNSs use a variety of skills “behind the scenes” (Dresser et al., 2025). The skills include observing, listening, and communicating with nurses and other health care providers (Dresser et al., 2025; Mistri et al., 2025) assist with identifying the conditions or challenges that compromise safety and developing and implementing safety initiatives (Glarcher & Vaismoraldi, 2024). For example, CNSs establish trust, communicate and form relationships with healthcare providers and patients to promote a safe working environment, reduce mistakes, injury, and harm to patients, and protect healthcare providers (Dresser et al., 2025; Mistri et al., 2023; Zaitoun et al., 2023). In a review by Dresser et al. (2025) two exemplar projects that illustrated patient outcomes of direct CNSs care were presented. In one example, game-based learning activities with nurses (n=1115) reduced both falls and infections (urinary tract and blood stream). In the second example, 91 fewer falls and a financial avoidance of \$859,000 were reported from a CNS falls program. These examples highlighted the value of and the programs that CNSs developed and implemented using outcomes, but do not address the indirect activities of developing the program. The indirect CNS activities of creating the knowledge (knowledge inquiry, knowledge synthesis, and knowledge tools/products) in addition to adapting the knowledge to the barriers, facilitators, and setting are integral to the knowledge to action cycle (Straus et al., 2013) but not shared in the article. These activities, although indirect, are integral to CNSs’ practice in promoting patient safety.

CNSs contribute directly to a culture and climate of safety for patients by translating clinical expertise into evidence-informed practice and educational interventions to support patient safety and outcomes. Our indirect contributions positively influence and support our direct practice with patients, families and healthcare teams in promoting safety and patient outcomes (Dresser et al., 2025). Perhaps it would be beneficial to re-evaluate the language we use to categorize our care activities. A review and examination of the concept and practice of safety as it relates to CNSs would help to articulate and clarify practices that are “behind the scenes” and maximize patient safety and direct patient care (Lewandowski & Adamle, 2009, p. 8).

Robin Coatsworth Puspoky, RN, PhD
Workplace Liaison (ENO)

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Website information :

<http://cns-ontario.rnao.ca/>

If you have suggestions: send us an

email: cnsontario1@gmail.com

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https://www.facebook.com/Clinical-Nurse-Specialists-Association-of-Ontario-Canada-113210988761198/?ref=py_c

CNS-Ontario

Annual General Meeting (AGM)

Thursday, June 4th,
2026

19:00 on zoom.

CNS Association of Canada. Become a member.

<https://cns-c-canada.ca/>

CNS Association of Ontario 2025-2026 Executive members

President (ENO) (2023-2027)	Paul-André Gauthier
Past President & Director of Finance (ENO) (2023-2027)	Rashmy Lobo
Director of Policy, Practice, and Political Action (ENO) (2024-2026)	Stacey Roles
Director of Communications (ENO) / Secretary (2024-2026)	Vacant.
Director of Membership & Services (ENO) (2022-2026)	Emily Fung
Director of Research & Education (ENO) (2025-2027)	Mary-Lou Martin
Social media (ENO) (2025-2027)	Paul-André Gauthier
Workplace Liaison (ENO) (2023-2027)	Robin Coatsworth Puspoky
Member at Large (2025-2027)	Elsabeth Jensen
Graduate Nursing Student Representative (ENO) (2025-2027)	Krissy Jordan

Email: cnsOntario1@gmail.com

<https://chapters-igs.rnao.ca/interestgroup/6/about>

<https://www.facebook.com/pages/Clinical-Nurse-Specialists-Association-of-Ontario-Canada/113210988761198?ref=ts&fref=ts>

https://instagram.com/cns_ontario?igshid=YmMyMTA2M2Y=

https://twitter.com/cns_ontario/status/1519437359045124096?s=21&t=oWhFFkSONkwwYp4zlgvh2g



CNS Association of Ontario Education Award 2026

Three (3) bursaries up to the amount of **\$ 2,000 each** will be awarded to a member of the CNS Association of Ontario who:

- Is pursuing graduate education in nursing with a CNS stream (Master's or PhD level)
- **or** Will be attending an advanced practice nursing (CNS stream) conference in the coming year.

AND

- Who is a current member of the CNS Association of Ontario (**minimum** last 2 membership year);
- Who currently resides in Ontario;
- Who has not received this type of CNS-ON award the previous year;
- **The recipients are expected to write an article about their conference for our next Newsletter.**

Application Requirements:

- Who is a current member of the CNS Association of Ontario:
 - ✓ Please send your 2 membership RNAO / CNS-ON **receipts** (2024-2025 & 2025-2026).
 - ✓ You can go to www.myrnao.ca – login and go to “**My receipts**” to download them.
 - ✓ Submit some details of the reasons why we should give you this educational award.

For MN or PhD students / candidates:

- Who has completed a short essay (not to exceed 500 words) on:
 - ✓ your professional objectives / career goals (purpose for undertaking the program of study), and your potential contribution to advanced practice nursing as a CNS.
- ✓ [mandatory for student] Who has enclosed one academic reference from a professor.
- ✓ The bursary will be **awarded** by the CNS Association of Ontario's Executive — **in early April 2026**. An **email will indicate** if you were accepted **or** not; with more details for the refund.
- ✓ Who will prepare a report of their conference or studies for our CNS-ON's Fall Newsletter.

Deadline: Friday, March 27th, 2026 before 1500 hours (3:00pm)

Submit to:

**Clinical Nurse Specialist
Association of Ontario**

Subject: CNS-ON educational award.
CNSOntario1@gmail.com

Application Process:

Please send *your current CV or Résumé, and a short essay of why you are deserving of this award*, a copy of your last 2 CNS-ON membership receipts, and (*for student*) one letter of academic reference.

- ❖ The bursary will be **awarded** by the CNS-ON's Executive — **in early April 2026**. The person will receive a refund when the Director of Finance of the CNS Association of Ontario has received an **official receipt and proof** of successful completion **prior to October 1st, 2026, preferably before that date once it is completed.**



CNS Association of Ontario
CNS Student Award 2026

*** An opportunity for Graduate Nursing Students ***

The CNS Association of Ontario is recognizing a **graduate nursing student** for each School or Faculty of Nursing who just completed his / her graduate studies in the **CNS stream** at the Master of Nursing or PhD level.

To the Director/ Dean of School of Nursing:

- Please inform the professors in charge of the CNS stream program about this award.

Criteria for the award:

Only nursing professors and / or CNS will be eligible to submit nominations.

Letter of reference demonstrating excellence in theory & in a clinical nursing specialty.

- The letter should also include the following information: name, title, address, e-mail and telephone number of the faculty member nominating the student candidate, as well as the candidate's information. The student needs to be currently residing in Ontario.
- The letter should be supported and signed by 1 professor or a CNS who knows the CNS student well.

Student Award:

- ✓ A certificate recognizing the student achievement, a free membership with the CNS-ON one year.
- ✓ We invite the recipient to consider publishing a short article about your studies / research / practicum – in our next newsletter.

Deadline for submission:

Friday, May 15th, 2026 at 1500 hours (3:00pm)

Submit to:

Clinical Nurse Specialist
Association of Ontario

Subject: CNS-ON CNS Student Award.
CNSOntario1@gmail.com



CNS Association of Ontario CNS of the Year Award 2026

The **21th annual CNS of the Year Award** (first time given was in April 2006) will be presented during CNS Association of Ontario's Annual General Meeting (AGM) in June 2026. Please review the criteria and submit a completed application with corresponding rationale for those individuals who you feel should be considered.

Purpose:

To provincially recognize a member of the CNS Association of Ontario for outstanding professional achievement as a Clinical Nurse Specialist in the domains of advanced nursing practice. The award acknowledges a nurse who demonstrates CNS competencies and exemplary practice in client care, nursing and health care delivery systems. Current board members of the CNS Association of Ontario are not eligible for nomination and should not be involved in nomination processes.

Eligibility Criteria:

1. The candidate must be nominated by a Registered Nurse (both should be members of RNAO in good standing).
2. The candidate has a current Ontario certificate of competence and currently resides in Ontario.
3. The candidate must have current membership in CNS Association of Ontario for one year or longer.
4. The candidate must have **at least 2 years of experience as a Clinical Nurse Specialist**.
5. The candidate must serve as a role model to nursing colleagues by :
 - a. Maintaining an outstanding level of skill and knowledge in their specialty area.
 - b. Utilizing or demonstrating CNS competencies in the five domains of advanced nursing practice.
 - c. Demonstrating quality client outcomes as a result of his/her practice.
 - d. Supporting nurses in the delivery of client care or the advancement of nursing practice.
 - e. Promoting change or collaboration at the system level to improve or impact client care.
6. The candidate actively promotes the role of the CNS.

Award:

A one-year complimentary membership to CNS Association of Ontario, a certificate, non-transferable complimentary registration to CNS Association of Ontario's AGM **June 2026** and a key chain—CNS. Recipient will be asked to attend the **zoom meeting**. A picture of the award winner will be taken at the AGM and profiled in an upcoming CNS Association of Ontario's newsletter.

Selection:

Applications received by the deadline will undergo review by the selection committee. All of the candidate's information including supporting documentation must be received no later than **Friday, May 15th, 2026 at 1500 hours (3:00pm)**.

This deadline will be strictly adhered to in the selection process. The nominators of the successful candidate will be notified prior to notification of the winning candidate. The recipient will then be notified by the President of the CNS Association of Ontario.

Instructions:

1. The candidate should provide information supporting the nomination relating to the specific criteria for the award.
2. All submissions must be submitted individually by the nominators. If submitting electronically, documents must be in Microsoft Word format.
3. The candidate's name should **not** appear anywhere in the body of the material submitted. The candidate's name should appear only on a separate cover page.
4. Two letters of recommendation must be submitted. Both nomination letters must be submitted by Registered Nurses. The candidate's name should not appear in the letter of recommendation. Please refer to the nominee as "the candidate." Each of the criteria must be addressed in the letters with an example. Submission from other individuals may also be included. All information will remain strictly confidential and will not be returned.
5. Selection is made based only on the information submitted.
6. Submit a separate statement of 300 words or less describing the candidate (excerpts will be read when presenting the award at the Annual General Meeting).
7. The recipient of this award will be notified by the week before.

CNS-Nomination Form to be completed (CNS for the Year Award 2026):

Candidate's name:

Information on the Nominator:

Submitted by : _____

Credentials : _____

Job title : _____

Tel. (day) : _____

Preferred e-mail address :

Address of the nominator :

Please, both (**candidate** and **nominator**) should provide a copy of the RNAO / CNS-ON membership

Information on the candidate:

Candidate's name : _____

Credentials : _____

Job title : _____

Tel. (day) : _____

Preferred e-mail address :

Home address of the candidate :

Work address of the candidate :

Deadline for submission:

- Friday, May 15th, 2026 at 1500 hours (3:00pm)

Submit to:

**Clinical Nurse Specialist
Association of Ontario**

Subject: CNS-ON -- CNS of the Year Award.
CNSOntario1@gmail.com