

## How to Register for the Nurses' CARE Program

The Smokers' Helpline is requesting that all nurses in Newfoundland and Labrador register for the Nurses' CARE Program. The registration process allows nurses to provide their contact information as well as details about their place of work, area of responsibility and position. By registering, the Smokers' Helpline is able to provide nurses with CARE materials and biannual reports (if requested) and keep accurate statistics about the number of Health Care Providers participating in the CARE Program.

To register for the CARE Program, please call the Helpline at **1-800-363-5864** OR complete the CARE Registration Form located on the following page and fax it to the Newfoundland and Labrador Smokers' Helpline at **709-726-2550**.

### Instructions for completing the CARE Registration Form

The form on the following page contains three main sections:

1. **Personal Information** (top left-hand portion of form): **Please print** your name, the Site/Institution where you work, the name of the program/unit within your site, the name of your unit manager, complete work address, fax number, phone number, and email address. If you would like CARE materials sent to the address given, please check "YES" in response to "Do you require a CARE Kit?"
2. **Receiving Reports** (top right-hand portion of form): The Helpline can provide statistics to any Health Care Provider participating in the program. If you would like to receive reports about the number of clients you referred, please check "YES" in response to "Would you like to receive quarterly reports detailing your involvement in the CARE Program?" Individual reports can be sent to you via fax or email. Please clearly indicate your preference and make sure the appropriate fax number and/or email address is printed on the form. Reports are released every six months.
3. **Job Description** (bottom portion of form): This section is similar to the ARNNL Membership form. Please check off your Health Board, Place of Work, Primary Area of Responsibility, and Position.

Once completed, please fax the Registration Form to the **Smokers' Helpline at 709-726-2550**. This fax line is in a private area of the office and all faxes are received by the Manager of the Smokers' Helpline. Therefore, any personal information provided on the fax will not be witnessed by anyone from outside the office. If you have any questions or concerns, please contact the Smokers' Helpline at **1-800-363-5864**.

Sincerely,

*Jennifer Woodrow*  
Nurses' CARE Coordinator

*Niki Legge*  
Director of Cessation Initiatives & Tobacco Control



# NL Smokers' Helpline Nurses' CARE Registration Form



**Please complete all sections and fax to:  
709-726-2550**

**Personal Information (please print)**

Title: \_\_\_\_\_ Gender: Male / Female

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

Site / Institution: \_\_\_\_\_

Program / Unit: \_\_\_\_\_

Program/Unit Manager: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Work Number: \_\_\_\_\_

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

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

**DO YOU REQUIRE A CARE KIT?    YES    NO**  
(If YES, it will be sent to the above address)

**Receiving Reports**

Would you like to receive reports detailing your involvement in the CARE program?

YES    NO

If YES, please send reports via (check one)

Fax   OR    Email

Please include fax number and/or email address under Personal Information section. Reports are released every six months.

**Health Board**

- Eastern Health Authority
- Central Health Authority
- Western Health Authority
- Labrador-Grenfell Health Authority
- Nunatsiavut Region
- Other \_\_\_\_\_

**Place of Work (Pick one)**

- Hospital (General / Maternity / Pediatric / Psychiatric)
- Mental Health Centre
- Nursing Home / Long Term Care Facility
- Rehabilitation / Convalescent Centre
- Community Health / Health Centre
- Home Care Agency
- Private Nursing Agency / Private Duty
- Nursing Station (Outpost or Clinic)
- Physician's Office / Family Practice Unit
- Business / Industry / Occupational Health Office
- Educational Institution
- Association / Government
- Self Employed / Independent Practice
- Health Care Board
- Other (specify) \_\_\_\_\_

**Primary Area of Responsibility (Pick one)**

- Medical / Surgical
- Psychiatric / Mental Health
- Pediatric
- Maternal / Newborn
- Geriatric / Long Term Care
- Critical Care (ICU, CCU, Dialysis)
- Community Health
- Ambulatory Care
- Home Care
- Occupational Health
- Operation Room / Recovery Room
- Emergency Care
- Nursing in Several Clinical Areas
- Oncology
- Rehabilitation
- Nursing Research
- Teaching Students
- Teaching Employees
- Teaching Patients / Clients
- Nursing Service Management
- Nursing Education Management
- Other (specify) \_\_\_\_\_

**Position (Pick one)**

- Staff Nurse / Community Health Nurse
- Chief Nursing Officer / Chief Executive Officer
- Director / Assistant Director (2<sup>nd</sup> in command)
- Supervisor
- Coordinator
- Manager / Assistant Manager
- Clinical Nurse Specialist
- Head Nurse / Unit Manager
- Office / Occupational Health Nurse
- Instructor / Professor / Educator
- Researcher
- Consultant
- Nurse Practitioner
- Other (specify) \_\_\_\_\_

*For more information call:*  
**The Smokers' Helpline**  
**1-800-363-5864**  
Or visit our website at  
[www.smokershelp.net](http://www.smokershelp.net)

