

**CCCN Mentorship Program**

**Mentor Application**

Retaining nurses into the workforce is a complex and multidimensional issue that has had significant study and attention over the past decade. From the literature, one theme has emerged: mentorship assists with engaging new nurses. Engaged nurses have a passion for their profession, and the Canadian Council of Cardiovascular Nurses (CCCN) wants to cultivate that passion.

**The Courage Within** is a CCCN national initiative looking to ignite passion and to support our members throughout their cardiovascular nursing journey. Caring is the essence of nursing, and as such, mentorship – a conduit of nursing leadership - is a natural progression for many nurses.

Mentoring is a professional relationship in which the mentor assists another, the mentee, in developing specific skills, knowledge, and personal attributes (i.e., confidence, courage, self-awareness) that will enhance the person’s professional and personal growth. As a prospective mentor, CCCN is seeking your expertise. Mentors and mentees will be matched based on fields of CV practice, professional interests, and geographical similarities.

**2025-2026 CCCN Mentorship Program Timeline and Key Dates:**

* Application intake: September 16 – October 6, 2025
* Match and connect mentors and mentees: October 7 – 19, 2025
* Official program start: October 20, 2025
* 3-Month check in: January 20, 2026
* Formal program end/final check in: April 20, 2026

**Note:** Program start, and end dates are general guidelines and can be adjusted to best accommodate the needs of each mentor/mentee match. Success is not measured in time but rather in relationships!

We invite you to complete the following application and forward to kathryn@cccn.ca. Please note your information will be kept confidential and only your name and email will be shared with your mentee.

Sincerely,

*Ashley*

Ashley Cels RN BN CCN(C) MN(student)

Director - Communications and Membership

Canadian Council of Cardiovascular Nurses



**CCCN Mentor Application Form:**

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| Name: |  |
| Application Date: |  |
| Mailing Address: | City: Prov:  |
| Email contact: |  |
| Phone: | ( )  |

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| Years of Cardiovascular Nursing: |
| Current position held: |
| Areas of CV nursing interest: |
| Short Bio: |