

Community Commitment Program for Nurses (CCPN) - (2022-2024) <u>Employer Application Form</u>

To attract Registered Nurses (RNs), Registered Practical Nurses (RPNs), and Nurse Practitioners (NPs) to work in the hospitals, long-term care (LTC) homes, home and community care (HCC) agencies, Primary Care, and Mental Health and Addictions agencies in greatest need across Ontario, the Community Commitment Program for Nurses (CCPN) provides a \$25,000 incentive to eligible nurses in exchange for a two-year commitment to an eligible employer.

In addition, participating hospitals, LTC homes, HCC agencies, Primary Care, and Mental Health and Addictions agencies who employ eligible nurses through the CCPN may be eligible for an education grant to fund professional development and training opportunities for nurses on their staff.

Eligibility Criteria

To be eligible for the CCPN, an employer must:

- Be a Hospital, Long-Term Care home, Home and Community Care agency, Primary Care or Mental Health and Addictions agency that provides publicly funded nursing services;
- Confirm that the positions they are seeking to fill through the CCPN have been posted internally to existing staff and that no suitable candidates were found through that process;
- Confirm that funding will not replace any existing employee incentives currently offered by the organization; and
- Offer a full-time position or full-time hours to an eligible nurse.

To be eligible for the CCPN, a nurse must:

- Not have been employed as a nurse in Ontario in the six months prior to being hired;
- Hold a Certificate of Registration in good standing from the College of Nurses of Ontario;
- Begin employment no later than March 31, 2024;
- Commit to 24-months of employment at a full-time work schedule offered by the employer; and
- Not simultaneously receive funds from the Ministry of Health for the Tuition Support Program for Nurses.

Recruitment Incentive

Grant funding of up to \$25,000 will be provided for eligible nurses hired by approved employers in return for a commitment to remain employed in their capacity as an RN, RPN or NP for 24 months.

Funding will be disbursed to employers to subsequently be paid to each eligible Nurse in six instalments:

- 1) \$3,000 after the completion of four (4) months,
- 2) \$3,000 after the completion of eight (8) months,
- 3) \$3,000 after the completion of twelve (12) months,
- 4) \$4,000 after the completion of sixteen (16) months,
- 5) \$4,000 after the completion of twenty (20) months, and
- 6) \$8,000 after the completion of twenty-four (24) months.

Education Grant

In addition, employers may be eligible to receive education grant funds of \$1,500 per nurse actively employed and approved through the CCPN.

The purpose of the education grant is to assist employers to build capacity among their nursing staff by funding education opportunities for any RNs, RPNs or NPs employed within the organization, including those recruited through the CCPN.

Process

1. Employer Submits Community Commitment Program for Nurses (CCPN) Employer Application Form:

- Employer submits the CCPN Employer Application Form.
- Each application will be assessed on a case by case basis considering a number of factors, including health system priorities, geography, and local and regional health workforce capacity.
- Submission of a completed application by an employer does not guarantee employer approval or the receipt of any potential funding through the CCPN.

2. Employer Receives Application Approval:

- Employers will be notified via email of the maximum number of Nurses eligible for CCPN funding.
- Ontario Health will provide you with a Nurse Recruitment form which you will complete when you have identified an eligible Nurse
- Employers will post any vacant positions to www.HFOJobs.ca identifying them as eligible for the CCPN.
- Approved employers are also encouraged to post opportunities via their usual methods.

3. Nurse Recruitment:

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- Approved employer recruits using their standard recruitment process.
- Employer informs Ontario Health of successful recruitment via submission of the Nurse Recruitment Form
- Nurses must begin employment no later than March 31, 2024 to be eligible.

4. Creation of Agreement between Approved Employer and Ontario Health:

- Ontario Health will initiate the creation of an Agreement with the Approved Employer.
- If the funding request meets all eligibility criteria, the agreement will be signed and executed by Ontario Health.
- A return of service agreement will be provided and must be signed by both the employer and the eligible Nurse.
- Contingent on confirmation of continued employment, funding of up to \$25,000 per eligible nurse will be disbursed to employers to be paid to each Nurse in six instalments: \$3,000 after the completion of four (4) months, \$3,000 after the completion of eight (8) months, \$3,000 after the completion of twelve (12) months, \$4,000 after the completion of sixteen (16) months, \$4,000 after the completion of twenty (20) months and \$8,000 after the completion of twenty-four (24) months.
- Education grant funds of \$1,500 may be provided to the employer for each nurse actively employed through the Community Commitment Program.



Application Instructions

This application form should be completed by any eligible employer who is interested in recruiting an eligible Nurse.

- Review eligibility criteria and Frequently Asked Questions prior to completing this application form.
- Please ensure that all sections of the application form are complete. Incomplete applications will not be processed.

Send your completed application form via email to info-hfo@ontariohealth.ca.

Once an application has been received, OH-HFO will send a confirmation of receipt via email.

If you do not receive a confirmation of receipt, or if you have any questions about completing this application form, please contact: info-hfo@ontariohealth.ca.



Application

Section A – Employer Information

1.	Organization Name:							
2.	Organization Mailing Address: (full address including unit, city, postal code)							
3.	Site Address: (please include addresses for all sites where a Nurse may be hired to work)							
4.	Organization Type: (please select)							
	Hospital Long-Term Care Home and	Community Care						
	Primary Care Mental Health and Addictions							
	Note: Only Hospitals, Long-Term Care Homes, Home and Community Care organizations, Primary Care, and Mental Health and Addictions organizations are eligible for this program. For more information about eligibility, contact info-hfo@ontariohealth.ca .							
5.	Primary Contact for Application:							
	Full Name:	Title:						
	Email Address:	Telephone:						
6.	Additional Contacts: (if applicable)							
	Full Name:	Title:						
	Email Address:	Telephone:						
	Full Name:	Title:						



Section B - Nursing Employment and Vacancies

If you are submitting one application for multiple sites, please answer the following questions <u>separately for</u> <u>each site</u>. Submit as a separate attachment, if preferred.

7. How many Nurses does your organization hope to recruit through the Community Commitment Program for Nurses? Note: Employers must offer a full-time position or full-time hours to be eligible.

REQUEST FOR CCPN	Permanent Full-Time	Temporary Full-Time
Registered Nurse (RN)		
Registered Practice Nurse (RPN)		
Nurse Practitioner (NP)		

8. How many Nurses does your organization currently employ?

CURRENTLY EMPLOYED	Full-Time (Perm.)	Part-Time (Perm.)	Casual (Perm.)	Other (Perm.)	Full-Time (Temp.)	Part-Time (Temp.)	Casual (Temp.)	Other (Temp.)
Registered Nurse (RN)								
Registered Practice Nurse (RPN)								
Nurse Practitioner (NP)								

Comments:

9. How many Nurse vacancies do you currently have at your organization?

CURRENT VACANCIES	Full-Time (Perm.)	Part-Time (Perm.)	Casual (Perm.)	Other (Perm.)	Full-Time (Temp.)	Part-Time (Temp.)	Casual (Temp.)	Other (Temp.)
Registered Nurse (RN)								
Registered Practice Nurse (RPN)								
Nurse Practitioner (NP)								

Comments:



Section C – Authorization and Acknowledgements

Please review each attestation carefully, and check each box as acknowledgement.

By signing this application, you are confirming that:

	Your organization is a publicly-funded Hospital, Long-Term Care home, Primary Care, or Mental Health and Addictions organization;	, Home and Community Care agency,
	The Community Commitment Program for Nurses funding will not disr place within your organization;	rupt any existing employee incentives in
	The positions your organization is seeking to fill through the CCPN have staff and no suitable candidates were found through that process;	e been posted internally to existing
	Your organization has in place a suitable Human Resources (HR) infrast onboard and support newly hired Nurses;	tructure with sufficient capacity to
	Any Nurse recruited through the Community Commitment Program fo position or full-time hours;	or Nurses will be offered a full-time
	Your organization has secured the necessary finances to support the or Nurses identified in this application; and	ngoing employment for the number of
	Your organization will not receive funds from the Ministry of Health the for the purpose of paying a salary to any individual nurse hired through for Nurses.	<u> </u>
Signing	g Authority from Organization:	
Name:		
Title:		
Signatur	rre: Da	ate:

