



Alberta Registered Nurses
Educational Trust

Investing in the Heart of Healthcare

2010 Request for Charitable Support SPECIALTY NURSING CERTIFICATION Reimbursement Application Form

A Registered Charity supporting RN members of CARNA

Charities, such as ARNET, rely on the generosity of our donors, contributions from our partners and the growth of our investments to support educational funding. ARNET recognizes the tremendous pressures impacting the lives and educational pursuits of Alberta RNs. To maximize the number of RNs that we are able to support each year, our Board of Directors has implemented funding changes effective 2010 as outlined in this application.

Use this application to apply for reimbursement of self-paid costs to complete studies and/or exams that will result in achieving specialty nursing certification.

- Eligible expenses are tuition and exam costs only. Books and travel expenses are NOT eligible.
- Maximum funding supports available are \$2000.00 per review.
- *Please note that submission of an application does not guarantee full or partial funding support from our charity.*

APPLICATION DEADLINE DATE: Please ensure that your application is received by the appropriate deadline. Your course/exam must occur within 8 months (before or after) of the date that you select.		
(Select one only) <input type="checkbox"/> April 30, 2010 or <input type="checkbox"/> October 30, 2010		
Last Name:	CARNA Registration No.:	
First Name:	Home Phone:	
Address:	Work Phone:	
Town/City:	Postal Code:	
PLACE OF EMPLOYMENT AND SITE NAME	POSITION	EMPLOYMENT STATUS
<input type="checkbox"/> Hospital (specify)	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Permanent Full Time
<input type="checkbox"/> Long-term Care	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Permanent Part Time
<input type="checkbox"/> Public/ Community Health	<input type="checkbox"/> Administrator	<input type="checkbox"/> Casual ____ hrs/year
<input type="checkbox"/> University/ College	<input type="checkbox"/> Faculty Member	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)

FUNDING REQUEST FOR CHARITABLE SUPPORT				
Specialty Certification / Diploma in Progress:				
Anticipated Graduation/Completion Date:			Certification Issued By:	
COURSE/ EXAM NAME	EDUCATIONAL PROVIDER	TUITION /EXAM FEES	COURSE/EXAM START DATE	COURSE/ EXAM END DATE
		\$		
		\$		
		\$		

DO NOT ATTACH RECEIPTS TO THIS APPLICATION
You will be required to submit ORIGINAL receipts if notified that your funding application was successful.

***Have you considered making an investment in nursing?
Visit www.nurses.ab.ca/arnet to make a donation today***



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IMPACT OF THIS EDUCATIONAL ACTIVITY ON MY NURSING PRACTICE

Please check only the one most significant to you Charitable support received from ARNET for this educational activity will:

<input type="checkbox"/> Improve my ability to provide higher quality nursing care	<input type="checkbox"/> Improve my specialty practice skills
<input type="checkbox"/> Improve my professional knowledge	<input type="checkbox"/> Enhance my ability to move into another clinical area
<input type="checkbox"/> Enhance my ability to fill a promotional opportunity	<input type="checkbox"/> Enhance my ability to secure a nursing faculty position

DISCLOSURE OF INFORMATION & CERTIFICATION

ARNET does not share personal information with any organization other than as required by law. We maintain records for the purpose of distributing educational funding, tax & charitable receipting, research and campaign information. All information is kept private and confidential stored in a secure location and accessible only by authorized individuals.

Have/ will you apply for funding from another source for this educational activity? Yes No

If Yes, amount applied for \$ _____ from _____ Already received? Yes No

PLEASE NOTE that failure to fully disclose alternate funding received for this educational activity is considered a violation of the Nursing Practice Standards and could result in disciplinary actions.

I understand that submitting an application does not guarantee funding and that all decisions of the Selections Committee are final. Receipts ARE NOT attached to this application. I understand that I will be required to submit ORIGINAL receipts if notified that my funding application is successful.

I CERTIFY that the information submitted on this application is true and complete.

Date _____ Signature _____

Email Address: _____

Please Note:

1. Submission of application does not guarantee funding from our charity. All decisions of our Selections Committee are final
2. You will receive written notification as to the status of your application **3-4 weeks after the application deadline date**
3. Late, incomplete or emailed applications will not be considered
4. For information, call: 1-800-252-9392, extension 427
5. Alternate funding application forms for Event Funding or Degree Level studies are available at www.nurses.ab.ca/arnet.

Submit completed application for charitable support to:

Alberta Registered Nurses Educational Trust (ARNET)

11620-168 Street

Edmonton, AB T5M 4A6

or by fax: 780-481-3785

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