



Canadian Nurses Foundation
Fondation des infirmières et infirmiers du Canada

2008 CERTIFICATION SCHOLARSHIP APPLICATION FORM

(Charitable Registration Number 12987 0713 RR0001)

DEADLINE FOR SUBMISSION EXTENDED TO: March 31, 2008

Application must be completed in full in block letters and printed out for your signature. Applications filled-in by hand will not be accepted unless there are extenuating circumstances which must be explained before the deadline. Incomplete forms will not be accepted. No faxes accepted. No e-mail forms accepted. All information will be kept confidential.

*Mandatory fields

1. PERSONAL CONTACT INFORMATION

FIRST NAME*

MIDDLE NAME

LAST NAME*

STREET ADDRESS*

CITY*

PROVINCE/TERRITORY*

POSTAL CODE*

HOME PHONE NUMBER*

 ()

OFFICE PHONE NUMBER

 ()

EXTENSION

E-MAIL ADDRESS*

2. SPECIALTY*. Please choose your specialty

- | | | |
|---|--|--|
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Gerontology | <input type="checkbox"/> Orthopaedics |
| <input type="checkbox"/> Community Health | <input type="checkbox"/> Hospice Palliative Care | <input type="checkbox"/> Perinatal |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Perioperative |
| <input type="checkbox"/> Critical Care - Pediatrics | <input type="checkbox"/> Neuroscience | <input type="checkbox"/> Psychiatric/Mental Health |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Oncology | |

Are you member of the Canadian Nurses Association (CNA)?

YES

NO

3. FEE PAID FOR CERTIFICATION*. Please do not include GST/HST/QST)

Initial \$ Renewal \$ Re-write test \$

4. PAYMENT*

Application Fee \$ 35.00
Donation to CNF \$
TOTAL \$

CHEQUE VISA MASTER CARD

Card Number

Expiry date (MM/YY) -

Name as it appears on the credit card

5. STATEMENT OF UNDERSTANDING*

SIGN AND DATE THE BOTTOM OF THIS FORM

I understand that the CNF Certification Scholarship fee is not re-fundable.
In the event that I cannot provide proof that I have been successful in the initial certification or renewing the certification with the Canadian Nurses Association (CNA), I must give back the total amount of the Certification Award to the Canadian Nurses Foundation (CNF).
If awarded, I authorize CNF/CNA to include my name when announcing award recipients.

Applicants Signature

Date

Please mail your form to:

Canadian Nurses Foundation
RE: Certification Award 2008
50 Driveway St., Ottawa, ON K2P 1E2



Canadian Nurses Foundation
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CERTIFICATION SCHOLARSHIP APPLICATION FORM CHECKLIST

Before sending my application form I have:

- Filled-in my form in block letter.
- Printed out my form and signed it.
- Provided the application fee of \$ 35.00
- If paid with cheque, I have attached it to the form.
- Attached copy of proof of citizenship.