

Application form – COHNA/ACIIST Bursary Education Funding

CONTACT INFORMATION

Name _____
 Street Address _____
 City _____ Postal Code _____ Phone _____ Email) _____
 Nursing License Registration # _____ Province/Territory _____

Member of _____ Provincial/Territorial Occupational Health Nursing Association

CURRENT EMPLOYMENT

Employer _____
 Address _____
 Position _____

INTENDED PROGRAM OF STUDY OR CONFERENCE/WORKSHOP

Please describe the Course, Workshop, or Educational Event and date(s) you would like to attend or have attended and how it relates to occupational health nursing, safety or wellness.

Please enclose a copy of the completed application registration form or certificate of completion.

FUNDING

Please provide the cost of registration _____
 Have you applied for or received financial assistance from any other sources? If yes, please give details:

Have you previously received financial assistance for continuing education from COHNA/ACIIST?
 Yes _____ Amount _____ Date _____ No _____

I verify the above information is accurate and that my intention is to further my knowledge in the area of occupational health nursing or related field.

I do do not give my permission for my name and if available picture to be posted on the COHNA website

Signature _____ Date _____