

# COHNA ACIIST

## Application form – COHNA/ACIIST Bursary Education Funding 2023

### 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

Applicants for 2023 will only be considered for members who are planning to write the CNA certification exam in Occupational Health in 2023.

**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 \_\_\_\_\_