



Bursary Award Guidelines

*Leaders Advancing Health and Safety for the Wellbeing
of Canadian Workplaces*

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Purpose

To provide guidelines and criteria for the annual COHNA-ACIIST Bursary Award. The COHNA-ACIIST Bursary Award provides financial assistance to members to advance or enhance their knowledge of occupational health nursing.

Objective

COHNA-ACIIST is committed to supporting member's continuing education to enhance not only their personal and professional growth but our collective knowledge as a vibrant and essential occupational health and safety profession.

Selection Process

- Decisions regarding the funds to be made available for the award will be discussed annually when setting the budget. A minimum of \$500 annually will be allocated for this budget item. At the Boards' discretion, additional funds or no funds may be allocated to ensure the ongoing fiscal viability of the association.
- Award selection criteria will be reviewed annually.
- Each application will be reviewed against the selection criteria by no fewer than three Board members.
- Application forms will be made available to all members and available on the [COHNA-ACIIST website](#).
- Only successful applicants will have their name communicated to the membership and photographs posted at <http://cohna-aciist.ca>.

Eligibility Criteria

Each nominee must:

- Be a member of COHNA-ACIIST.
- Be currently employed as an occupational health nurse.
- Hold a current RN practice permit in good standing from the applicable provincial College/Association.
- Consent to release name(s) and photograph(s) for communication purposes to the membership and posting to the COHNA-ACIIST website.

Award Conditions

- Bursary Award criteria will be used to assess each application for relevance and suitability. The decision of the Board is final.
- Completed applications will be received by the COHNA-ACIIST Administrator by October 15.
- Consideration will be given to Certificate, Diploma, Undergraduate, Graduate, Post-Graduate programs related to occupational health nursing, safety, or wellness/health promotion and application for the CNA Certification process for COHN(C). Continuing education or research-based study in these areas will also be considered.
- Preference will be given to those applicants who are pursuing Canadian educational opportunities in occupational health nursing, safety, and wellness/health promotion.
- Preference may be given to applicants who have been actively involved with COHNA-ACIIST.
- Applicants must provide proof of successful completion of an education course attended in the last 18 months, receipt of payment for a continuing education opportunity or satisfactory evidence of participation in a research project.

Presentation of the Award

- The President will notify all applicants of the outcome of the selection process by email and attached letter.
- Funds will be sent to the successful applicant by the COHNA-ACIIST Administrative Assistant within 30 days of the selection process.

COHNA-ACIIST Bursary Education Funding Application Form

Contact Information

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact: Phone: Click or tap here to enter text. **Email:** Click or tap here to enter text.

Nursing License Registration #: Click or tap here to enter text.

Province/Territory: Click or tap here to enter text.

Employment Information

Place of Employment: Click or tap here to enter text.

Address: Click or tap here to enter text.

Position: Click or tap here to enter text.

Intended Program of Study or Conference/Workshop:

Click or tap here to enter text.

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

Funding

Cost of registration: Click or tap here to enter text.

Have you applied for or received financial assistance from any other sources?

☐ Yes ☐ No

If yes, please give details: Click or tap here to enter text.

Have you previously received financial assistance for continuing education from COHNA/ACIIST?

☐ Yes ☐ No

If yes, Amount: Click or tap here to enter text. **Date:** Click or tap here to enter text.

Verification

I verify the above information is accurate and that my intention is to further my knowledge in 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-ACIIST website.

Signature: _____

Date: Click or tap to enter a date.