

Nursing Education Initiative Application Form

The Nursing Education Initiative is a tuition reimbursement program funded by the Ontario Ministry of Health and Long-Term Care. Grants are available to support nurses in continuing education to improve their nursing knowledge and professional skills.

All nurses currently registered to practice in Ontario may apply.

You may be eligible to receive a maximum of \$1,500 in tuition reimbursement if you have paid for and attended a course, workshop, and/or conference that enhances the quality of the care services you are able to provide to your patients in Ontario.

Funding is intended to reimburse base tuition or registration fees. Non-tuition or non-registration fees are not eligible for reimbursement.

Registered Practical Nurses are to submit their applications to the Registered Practical Nurses Association of Ontario. Registered Nurses must contact the Registered Nurses' Association of Ontario for application information. It is not necessary to be a member of either of these professional associations to apply for funding.

Your completed application must be received within 90 days of the completion date of the course/conference or your application will be declined.

IMPORTANT INFORMATION

- Funding is NOT guaranteed.
- Only complete applications will be accepted.
- The application form must be signed.
- Incomplete applications will be declined.
- Applicants must provide information on a course-by-course basis (*see page 4 for more information*).
- **Complete** applications must be received within **90 days** of the education finish date.
- Applicants will **NOT** receive confirmation that their applications have been received.
- The applicant will, however, be notified of their application's status by email within 6 weeks of the date of submission.

REGISTERED PRACTICAL NURSES ASSOCIATION OF ONTARIO (RPNAO) NURSING EDUCATION INITIATIVE (NEI)

5025 Orbitor Drive, Building 4, Suite 200
Mississauga, ON L4W 4Y5

Phone: 905-602-4664

Toll-Free: 1-877-602-4664

Fax: 905-602-8367

Website: www.rpnao.org

E-mail: nei@rpnao.org

This Application Form is for Registered Practical Nurses only. Registered Nurses must contact RNAO (Registered Nurses' Association of Ontario) at www.rnao.ca for information about NEI funding.

ELIGIBILITY

To be eligible for Nursing Education Initiative education grant funding, an applicant must:

- Be a nurse registered to practice with the College of Nurses of Ontario;
- Have completed a course/conference that provided training and education that increased their knowledge and professional skills in respect to the quality of the care services they're able to provide to the people of Ontario;
- Not be employed outside of Ontario; and
- Not have already received NEI grants totalling \$1,500 in the current funding year.

Priority for funding will be given to nurses who: (1) did not receive the maximum amount of funding (\$1,500) in the previous fiscal year; (2) are working or attempting to work full-time; (3) are working in priority clinical areas; (4) are applying for funding for clinical/speciality education; and/or (5) are applying for education provided at the college/university level.

Funding is allocated on a quarterly basis. Eligible applications that are received after the quarterly funding has been disbursed will be placed on hold until the end of the fiscal year and considered at that time, should funding allow.

Please visit the RPNAO website at www.rpnao.org for more information about the Nursing Education Initiative.

REIMBURSABLE EXPENSES

Education grants are to be used to reimburse nurses for the tuition or registration fees paid for courses, conferences, workshops, or seminars. Books, course materials, salary replacement, student fees, membership fees, exam fees, travel, meals, or accommodation are not eligible for reimbursement.

APPLICATION REQUIREMENTS

1. Application Form

The Application Form (*pages 3 and 4 of this document*) must be **completed** and **signed**. A College of Nurses of Ontario registration number must be provided. A Social Insurance Number must be provided for tax purposes. Funding is a taxable benefit. Recipients of funding will be issued T4A information in accordance with the Income Tax Act. See Paragraph 56.1 of the Income Tax Act or contact the Canada Revenue Agency for more information. All information provided to the Nursing Education Initiative is confidential.

2. Proof of Payment

An official proof of payment (*receipt*) from the educational provider that shows the date, the applicant's full name, the course name (*or code*), and the amount of base tuition paid in full is required. The proof of payment must provide a course-by-course breakdown for all the education to be reimbursed. Only tuition or registration fees are eligible for reimbursement. Applicants may be asked to provide additional payment information to clarify the amount of tuition fees paid.

3. Proof of Completion

A passing grade report, course certificate, transcript from the education provider or printout from a student-based web service that shows the applicant's name and the course/program completion date is required. A certificate of attendance that shows the applicant's name and the completion date is required for conferences. Official transcripts are not required. Photocopies are acceptable. Documents will not be returned. A self-declaration form is not acceptable as a proof of completion.

4. Void Cheque or Direct Deposit Form

Reimbursements will be made using direct deposit. A void cheque or completed direct deposit form must be provided to transfer funds into the corresponding bank account. The applicant's banking information will be held in confidence and used only for the purpose of direct deposit of the approved funding. Applicants submitting by fax are asked to fax a copy of the void cheque or completed direct deposit form.

SUBMISSION DEADLINE

The completed application must be received within **90 days** of the completion date of the course/conference. This deadline is strictly observed. Late or incomplete applications will be declined. Applicants are required to keep a fax, courier, or registered mail receipt to verify the date of submission of the application and a copy of the completed application form for their personal records. Declined applications cannot be resubmitted.

Nursing Education Initiative APPLICATION FORM

RN or RPN (If you are dually registered, tick both boxes and submit both CNO registration numbers. You may apply to only one professional association.)

College of Nurses of Ontario Registration Number: _____ - _____

Second CNO Registration Number (if dually registered): _____ - _____

Please indicate in writing if you have applied for/received tuition reimbursement from any other source for any/all course(s) for which you are applying (include course, source, and amount details):

PLEASE PRINT:

Social Insurance Number: _____ - _____ - _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: (AREA CODE) _____ - _____ Work Telephone: (AREA CODE) _____ - _____

Employer: _____ Personal Email: _____

Employment Sector (Check only one)

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Long-Term Care | <input type="checkbox"/> Community Care | <input type="checkbox"/> Other |
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Not Applicable | |

Position (Check only one)

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Staff Nurse | <input type="checkbox"/> Educator | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Visiting Nurse | <input type="checkbox"/> Administrative Position | <input type="checkbox"/> Other |

Employment Status (Check only one)

- | | |
|--|--|
| <input type="checkbox"/> Full Time in Nursing* | <input type="checkbox"/> Not Employed in Nursing/Seeking Employment in Nursing |
| <input type="checkbox"/> Part Time in Nursing | <input type="checkbox"/> Not Employed in Nursing/ Not Seeking Employment in Nursing |

*37.5 total hours or more per week in one nursing position or in two or more nursing positions combined.

Predominant Clinical Area of Practice (Check only one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Perioperative Care |
| <input type="checkbox"/> Complex Continuing Care | <input type="checkbox"/> Surgery | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Mental Health/Addiction | <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Maternal/Newborn | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Foot Care | <input type="checkbox"/> Other |

**Complete the following table. Please apply on a course-by-course basis.
All necessary boxes must be completed or the application will be declined.
Check off "Other" if you are applying for a non-nursing specific course/conference.**

Type of Education (Check box below)	Course/Conference	Course Code (if applicable)	Educational Provider	Start Date (DD/MM/YY)	Finish Date (DD/MM/YY)	Tuition/Conference Registration Fee
Clinical/Specialty <input type="checkbox"/>						
BScN <input type="checkbox"/>						
Masters/PhD <input type="checkbox"/>						
Conference/Workshop <input type="checkbox"/>						
Other <input type="checkbox"/>				(DD/MM/YY)	(DD/MM/YY)	
Clinical/Specialty <input type="checkbox"/>						
BScN <input type="checkbox"/>						
Masters/PhD <input type="checkbox"/>						
Conference/Workshop <input type="checkbox"/>						
Other <input type="checkbox"/>				(DD/MM/YY)	(DD/MM/YY)	
Clinical/Specialty <input type="checkbox"/>						
BScN <input type="checkbox"/>						
Masters/PhD <input type="checkbox"/>						
Conference/Workshop <input type="checkbox"/>						
Other <input type="checkbox"/>				(DD/MM/YY)	(DD/MM/YY)	
Clinical/Specialty <input type="checkbox"/>						
BScN <input type="checkbox"/>						
Masters/PhD <input type="checkbox"/>						
Conference/Workshop <input type="checkbox"/>						
Other <input type="checkbox"/>				(DD/MM/YY)	(DD/MM/YY)	
Clinical/Specialty <input type="checkbox"/>						
BScN <input type="checkbox"/>						
Masters/PhD <input type="checkbox"/>						
Conference/Workshop <input type="checkbox"/>						
Other <input type="checkbox"/>				(DD/MM/YY)	(DD/MM/YY)	

APPLICATIONS SUBMITTED PAST THE 90-DAY DEADLINE WILL BE DECLINED.

FUNDS CANNOT BE RELEASED WITHOUT PROOF OF PAYMENT AND PROOF OF SUCCESSFUL COMPLETION.

1. How will this course(s) enhance the nursing care you provide in Ontario? Please check the MOST significant influence on your practice/ability:

- Improves my quality of care.
- Increases my specialty professional skills.
- Improves my professional knowledge.
- Increases my ability to participate in agency policy and decision-making.
- Enhances my ability to move into another clinical area.
- Enhances my ability to fill an available nursing position.

2. Comment on the specific impact in relation to the nursing care you will provide.

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The following MUST be included in your application:

- 1. Completed Application Form
- 2. Proof of Payment (*showing a breakdown of fees*)
- 3. Proof of Completion (*transcript, certificate, etc.*)
- 4. Void Cheque or completed Direct Deposit Form

I hereby certify that the information contained within this application is true and complete. I understand that any false or incomplete information that is submitted in support of my application will invalidate my application. I am aware that I may be asked to participate in a follow-up evaluation.

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SIGNATURE OF APPLICANT (please write by hand)

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DATE (DD/MM/YY)