

# WeRPN 2019 RPN Gerontology Specialty Certification Grant

We RPN

Registered Practical Nurses  
Association of Ontario

The Gerontology Specialty Certification Grant supports WeRPN members to write the new Canadian Nurses Association (CNA) Practical Nurses Gerontology Specialty Certification Exam.

All nurses currently registered to practice with the College of Nurses of Ontario and a full year regular member of the Registered Practical Nurses Association of Ontario at the time of the exam may apply.

You may be eligible to receive a maximum of \$365 in exam fee reimbursement only for the November 1-15, 2019 CNA Exam Writing period.

WeRPN Members: \$365

WeRPN Members with CNA Membership: \$150

*\*\*Variation based on equitable exam fee reimbursement - WeRPN members with CNA membership receive an additional CNA member's discount*

Registered Practical Nurses are to submit their completed applications to the Registered Practical Nurses Association of Ontario within 90 days of receipt of results.

## IMPORTANT INFORMATION

- Funding is **only** available for the November 1-15 Exam Writing period.
- Applications will **only** be accepted through online submission.
- Only complete applications will be accepted.
- The application Form must be signed
- Complete applications must be received within 90 days of receipt of successful results
- Applicants will receive confirmation that their application has been received

## **ELIGIBILITY**

- Must be a RPN registered to practice with the College of Nurses of Ontario in good standing
- Must be a full year member of the Registered Practical Nurses Association of Ontario member at the time of the exam
- Have proof of successful completion of the Gerontology Specialty Certification Exam
- Have proof of payment of exam fee amount

## **REIMBURSABLE EXPENSES**

The education grant is available strictly for certification examination fee reimbursement. Travel, meals, accommodation, salary replacement, course preparation, books and course materials are not eligible for reimbursement.

## **APPLICATION REQUIREMENTS**

### **1. Application Form**

The Application Form must be completed and signed. A CNO registration number and Registered Practical Nurses Association of Ontario membership 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 Canada Revenue Agency for more information. All information provided to the Gerontology Specialty Certification Grant is confidential.

### **2. Proof of Payment**

An official proof of payment (receipt) for the CNA must show the date, the applicant's full name and examination information and the exam fee amount paid. Applicants may be asked to provide additional payment information to clarify examination fee paid.

### **3. Proof of Attaining Certification**

Proof of Successful Completion of the Gerontology Specialty Certification Exam from CNA with the applicant's name and completion date is required. Photocopies or images are acceptable. A self-declaration form is not acceptable as proof of completion.

### **4. Void Cheque or Direct Deposit Form**

Reimbursement 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.

## **SUBMISSION DEADLINE**

The completed application must be received within 90 days of the completion date of the examination date. This deadline is strictly observed. Applications are required to keep a copy of the completed application for their records.

# WeRPN 2019 RPN Gerontology Specialty Certification Grant APPLICATION FORM

(Only online applications will be accepted. All fields must be completed.)

College of Nurses of Ontario Registration Number: \_\_\_\_\_

WeRPN Membership Number : \_\_\_\_\_

Other memberships *(select all that apply)*:

CNA

GNAO

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

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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)*

Long-Term Care

Community Care

Acute Care

Other

## Position *(Check only one)*

Direct Care

Administrative Position

Educator

Other

## Employment Status *(Check only one)*

Full Time in Nursing\*

Part Time 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)*

Geriatrics

Rehabilitation

Perioperative Care

Complex Continuing Care

Surgery

Emergency

Mental Health/Addiction

Palliative Care

Administration

Primary Care

Maternal/Newborn

Public Health

Medicine

Foot Care

Other

**INCOMPLETE APPLICATIONS WILL BE DECLINED.**

1. How will this specialty certification enhance the nursing care you provide in Ontario? Please check all that influence 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
- 3. Proof of Completion   
(Certification)
- 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

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DATE (DD/MM/YY)