



Continuing Education Award Application Form

Please complete this form, mail with supporting documents to the address below

IDENTIFICATION

First name <input type="text"/>		Surname <input type="text"/>	
Street <input type="text"/>		City <input type="text"/>	
Province <input type="text"/>	Country <input type="text"/>	Zip Code <input type="text"/>	
Phone (home) (<input type="text"/>) <input type="text"/> - <input type="text"/>	Phone (business) (<input type="text"/>) <input type="text"/> - <input type="text"/> ext : <input type="text"/>	Fax (<input type="text"/>) <input type="text"/> - <input type="text"/>	
Years in CONA <input type="text"/>	Local Chapter or Member at Large <input type="text"/>	e-mail address <input type="text"/>	

CHECK OFF THE AWARD YOUR APPLYING FOR. *Some awards require supporting data. Please ensure these are included with your application*

<input type="checkbox"/> Conference Grant - Application form only	<input type="checkbox"/> Stryker Excellence in Orthopaedic Nursing Practice - Application form - Two (2) letters of recommendation
<input type="checkbox"/> Canadian Orthopaedic Association Literary Award - Application form - Three (3) copies of manuscript	<input type="checkbox"/> DePuy Continuing Education Award - Application form - Two (2) supporting letters
<input type="checkbox"/> Dr. Robert B. Salter Award - Application form - One (1) supporting letter - Four (4) copies of research article	<input type="checkbox"/> CONA Scholarships - Application form - Resume - Academic transcripts - Letter of acceptance or verification of enrollment - Two (2) letters of recommendation
<input type="checkbox"/> CONA Speakers Fund - Application form - Resume - Academic transcripts - Letter of acceptance or verification of enrollment - Two (2) letters of recommendation	



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FOR CONFERENCE GRANT AWARD ONLY :

Are you receiving any other financial assistance?

Yes No

If yes, please specify:

Have you received funding before

Yes No

If yes, please specify:

How many National Conference have you previously attended?

ORTHOPAEDIC ACTIVITIES IN THE LAST FIVE YEARS

Local Chapter Board position :

Local conference committee member:

Local Chapter conference committee member:

National conference committee member:

Hip Hip Hooray involvement:

Percentage of local continuing education meeting attended:

 %



The Canadian Orthopaedic Nurses Association
Association Canadienne des Infirmières et Infirmiers en Orthopédie



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Please use the space to outline your other contributions to the Orthopaedic Nursing and patient community (i.e. articles published, presentation given, guests brought to meeting, member recruited, fundraising activities, etc.)

Applicant Signature: _____

Date: _____

Local Chapter Executive Signature : _____
(or immediate supervisor for Member à Large)

Date: _____

Mail application and supporting data to :

Ann Reichert
Director of Programs and Patient Services
Surgery/Critical Care & Respiratory Therapy
Concordia Hospital
Phone: (204) 661-7476 / Fax: (204) 667-1049
E-mail : areichert@concordiahospital.mb.ca