



## Saint John, NB Funding Request Form

### APPLICATION FOR FUNDING

Name	Date Submitted:
Address:	Email Address:
Primary Phone Number:	Alternate Phone Number:
Place of Employment (in Saint John or Zone 2):	
CONA Membership #	Years of CONA Membership:

### COURSE/CONFERENCE INFORMATION (Attach brochure if available).

May use anticipated expenses

Title:	Date(s):	
Tuition/Registration: \$		
Travel: \$		
Accommodation: \$		
How will this conference/course improve your Orthopaedic nursing/allied health practice?		
Other Funding sources applied to with amounts:		
1.	2.	3.

Note- failure to disclose funding received is considered a violation of Nursing Practice Standards and could result in disciplinary action

### National Board Use Only

Application: Successful \_\_\_\_\_ Unsuccessful \_\_\_\_\_ Reason \_\_\_\_\_



## What I Learned....

Prior to disbursement of funding, the following must be submitted within 30 days of the conference/ course completion:

- Proof of successful completion/ attendance of the course/ conference with original receipts
- Disclosure of other funding sources being received
- A copy of this form with the below completed

What I learned:

It will affect my personal/ professional development by:

I plan to share the information I learned with my colleagues by: