



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

CONA Award Application Form

Please complete this form, then **Email** with ALL supporting documents
 Including picture in jpeg format to the address below

Check off the Award you are applying for.

Please check eligibility and award details on the website. Some awards require supporting documents and must be included with your application. Information is located in the CONA National Board Manual at:

www.cona-nurse.org/members-login/documentation/35

<input type="checkbox"/> CONA Conference Grant <ul style="list-style-type: none"> • Application form deadline March 31st • Photo of applicant (jpeg) 	<input type="checkbox"/> CONA Excellence in Orthopaedic Nursing Practice Award <ul style="list-style-type: none"> • Application form deadline March 31st • 2 (Two) letters of recommendation • Photo of applicant (jpeg)
<input type="checkbox"/> Dr. Cy Frank Canadian Orthopaedic Association (COA) Literary Award <ul style="list-style-type: none"> • Application form deadline March 31st • Electronic version of the manuscript • Photo of applicant (jpeg) 	<input type="checkbox"/> CONA “Up & Coming” Orthopaedic Nurses Award <ul style="list-style-type: none"> • Application form deadline March 31st • 2 (Two) supporting letters • Photo of applicant (jpeg)
<input type="checkbox"/> CONA Certification Bursaries <ul style="list-style-type: none"> <input type="checkbox"/> Initial Certification <input type="checkbox"/> Re- Certification • Confirmation of certification/ re-certification in Orthopaedic Nursing • Letter of benefit from Certification • Application deadline Dec 31st for fall session & June 30th for spring session • Photo of applicant (jpeg) 	<input type="checkbox"/> CONA Speakers Award <ul style="list-style-type: none"> • Application form deadline March 31st • Copy of the abstract or brief synopsis of presentation • Photo of applicant (jpeg)
<input type="checkbox"/> CONA Lifetime Achievement Award <ul style="list-style-type: none"> • Application form deadline March 31st • Nomination form 5.D.3 in the CONA National Board Manual • 5 (Five) supporting nominations • Photo of nominee (jpeg) 	



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Applicant Information

Full Name: _____ Date: _____
Last First Initial

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

Years in CONA: _____ CONA Chapter: _____ CONA Membership # _____ Orthopaedic Certification Year _____

Are you receiving any other financial assistance No Yes – please specify _____

Have you received funding from CONA before? No Yes – please specify _____

How many National Conferences have you attended? - less than 5 conferences - more than 5 conferences

Local Chapter Board involvement? Please specify: _____

National Board involvement? Please specify: _____

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

Applicant Signature: _____ Date: _____

Local Executive Signature: _____ Date: _____
OR Immediate Supervisor for Member at Large

Email application and supporting data to:

CONA.Advertising@gmail.com