



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

CONA Award Application Form

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

IDENTIFICATION

First name		Surname	
Street		City	
Province	Country	Zip Code	
Phone (home)	Phone (business)	Fax	
Years in CONA	Local Chapter or Member at Large	e-mail address	

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 <ul style="list-style-type: none"> - Application form only - Application deadline March 31st 	<input type="checkbox"/> CONA Excellence in Orthopaedic Nursing Practice Award <ul style="list-style-type: none"> - Application form by deadline March 31st - 1 (One) letter of recommendation
<input type="checkbox"/> Dr. Cyril Frank Canadian Orthopaedic Association (COA) Literary Award <ul style="list-style-type: none"> - Application form - 1 electronic version of the manuscript 	<input type="checkbox"/> CONA "Up and Coming" Orthopaedic Nurse Award <ul style="list-style-type: none"> - Application form by deadline March 31st - 2(two) supporting letters
<input type="checkbox"/> CONA Certification Award <ul style="list-style-type: none"> - Application form - Confirmation of having written the CONA Orthopaedic Certification Exam in the previous 12 months - Letter of Benefit from Certification - Application deadline March 31st 	<input type="checkbox"/> CONA Speakers Fund <ul style="list-style-type: none"> - Application form - A copy of the abstract or brief synopsis of the presentation - Submit an estimate of costs to be incurred - Application deadline March 31st



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

CONA Award Application Form

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

<p><input type="checkbox"/> CONA Lifetime Achievement Award</p> <ul style="list-style-type: none">– Nomination form 5.D.3– 5 (five) supporting nominators– Application deadline March 31st	
--	--



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

CONA Award Application Form

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

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:

Other Orthopaedic Committees/ activities:

Percentage of local continuing education meeting attended:

 %



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

CONA Award Application Form

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

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 :

Angela Dunklee
28 Logan Drive
Lantz, Nova Scotia B2S 1N3
Email: CONA.National@gmail.com