

NURSING EDUCATION INITIATIVE 2005 INDIVIDUAL APPLICATION

Will you be paying for and attending a course/program/conference that starts between
January 1, 2005 and December 31, 2005?

***You may be eligible to receive a maximum of \$1,500 in tuition reimbursement.
Education paid for through your place of employment must be submitted by the organization
using the Employer Application. Funding is not guaranteed.***

Une version Française est également disponible sur demande.

Important Deadline Information

Compare your course(s) start date with the outline below to determine the date to submit your application by. Do not apply for courses starting *before* January 1, 2005 or after December 31, 2005.

If Your Course Started, or will start, between:	Your Application Must be submitted :	<i>It is not necessary to wait for a Transcript, certificate of completion or receipt before submitting an application. Applications may be submitted before the course starts.</i>
January 1, 2005 and April 30, 2005	by June 30, 2005	
May 1, 2005 and December 31, 2005	within 60 days after the course starts	

Individuals taking refresher courses and foreign educated nurses who are in the process of applying for registration with the College of Nurses of Ontario are encouraged to contact your professional association to determine your reimbursement eligibility.

RNs, mail or fax your application to:

Registered Nurses Association of Ontario (RNAO)
Nursing Education Initiative
111 Richmond Street West
Suite 1100
Toronto, ON M5H 2G4
Phone: 1-866-464-4405
Fax: (416) 599-8820
www.rnao.org
e-mail: educationfunding@rnao.org

RPNs, mail or fax your application to:

Registered Practical Nurses Association of Ontario (RPNAO)
Nursing Education Initiative
5025 Orbitor Drive
Building 4 Suite 200
Mississauga, ON L4W 4Y5
Phone: (905) 602-4664 ext. 555
Fax: (905) 602-8367
www.rpnao.org
e-mail: nei@rpnao.org

Nursing Education Initiative

The Nursing Education Initiative is a tuition reimbursement program funded by the Ontario Ministry of Health and Long-Term Care. Grants are available to support nurses in continuing education and is expected to improve their nursing knowledge and professional skills.

Eligibility Criteria

- The course/program/conference must provide training and education that will increase knowledge and professional skills to enhance the quality of care and services provided by nurses to the people of Ontario.
- Applicants must be currently registered with the CNO.
- Applications must be faxed or postmarked by June 30, 2005 (for courses starting between January 1, 2005 and April 30, 2005) or within 60 days of the course start date (for courses which start between May 1, 2005 and December 31, 2005). Late applications will not be accepted.
- Applicants must be enrolled in courses/programs that are provincially recognized. (see definition below)
- Nurses employed outside of Ontario are ineligible.
- Successful applicants (those who receive funding) must be willing to participate, if requested, in a follow up focus group/survey to facilitate ongoing development and evaluation of this initiative.
- Reimbursement funding totaling over \$500 in each tax year is considered a taxable benefit. Income tax information will be mailed to successful recipients as required.

If requests for funding exceed the amount of funds available, priority will be given to nurses who:

- Have not yet received full funding (\$1,500.00) from this initiative in the current year.
- Are employed in the hospital, public health, long term care or community sector.
- Are taking Clinical/Specialty education
- Meet the needs in priority areas: Administration, Cardiac Care, Community Care, Complex Continuing Care, Critical Care, Dialysis, Emergency, Gerontology, Home Care, Med Surg., Mental Health, Oncology/Cancer Care, Palliative Care, Rehabilitation.
- Are taking education being provided at the University or College level.
- Are working or are attempting to work on a regular basis.

What Do I Need To Do ?

1. Read all four pages of the application.
2. Fill out the application in full.
3. Include receipts for all education being applied for funding.
4. Provide proof of successful completion for courses applied for (see definition below). If the course(s) are not yet completed, this documentation can be forwarded when your course is finished.
5. Include your College of Nurses of Ontario registration number.
6. Include your Social Insurance Number for income tax purposes.
7. Submit an application to your professional association. It is the applicant's responsibility to ensure applications are submitted by the deadline.
8. **Keep a copy of your application, receipt and grades for your records.**
9. Keep a fax confirmation or courier/registered mail receipt to verify your documents have been received in good order.

Please Note:

- **It is not necessary to be an RNAO/RPNAO member to apply for funding.**
- It is not necessary to wait for a receipt or proof of successful completion to submit an application.
- All information given is confidential.
- Applicants will be notified in writing to confirm receipt of application.
- Expect applications to be processed within a minimum of 4-6 weeks of submission.

Important Information

Successful Completion: A passing grade report, course certificate, transcript from the educational facility or printout from a student based web service. This documentation **MUST** be sent within 90 days of course completion. Photocopies are acceptable.

Receipt: Official proof of payment from the educational facility. Must show the course name and tuition amount paid for the course and start date of the course. A photocopy is acceptable. **Invoices are not acceptable.**

Clinical/Specialty Education: Course/program directly related to your area of practice.

Provincially Recognized:

- education facility offers Ministry of Training, Colleges and Universities credit
- education is taken from a nationally or internationally recognized college or university
- education is given continuing education units
- education is given credit by a provincial, national or international professional organization
- education is provided by an expert formally recognized by the administering professional associations

Excluded: Books, course material, salary replacement, student fees, travel, meals and accommodation are excluded.

Nursing Education Initiative 2005 Individual Application Form

College of Nurses of Ontario registration number _____ RN
 or Foreign educated nurse/refresher program. RPN

- If you are dually registered, tick both boxes and submit both CNO registration numbers. You may apply to only one professional association.
- If you are a foreign educated nurse in the process of applying for a College of Nurses of Ontario registration number, you must provide a copy of the documentation sent to you from the College of Nurses of Ontario in order to be eligible for funding.

PLEASE PRINT:

Social Insurance Number: _____

First Name: _____ Last Name: _____

Address: _____ Apt. No.: _____

City: _____ Prov.: _____ Postal Code: _____

Telephone #: () _____ Email: _____

Name of Present Employer: _____ Work Telephone # () _____

Please indicate in writing if you have received tuition reimbursement from any other source for any/all courses you are applying

Employment Setting (Check only one)

- Community Public Health Other _____
 Hospital Long Term Care

Position (Check only one)

- Administrative Position Educator Visiting Nurse
 Charge Nurse Staff Nurse Other _____

Predominant Clinical Area of Practice: (Check only one)

- Administration Emergency Oncology/Cancer Care
 Cardiac Care Gerontology Palliative Care
 Complex Continuing Care Home Care/Community Care Rehabilitation
 Critical Care Med/Surg Other _____
 Dialysis Mental Health

Employment Status: (Check only one)

- Agency/Casual by choice Full Time Student
 Full Time Unemployed/Seeking employment in nursing
 Part Time Foreign Educated/Refresher
 Casual by employer

If you are NOT EMPLOYED: (Indicate how you are actively seeking employment)

- Contacts/Interviews Other Counseling Service
 Pursuing Education in the area you wish to be employed Other Specify: _____
 Accessed RNAO/RPNAO Counseling Service

Complete the following table. PLACE EACH COURSE AS A SEPARATE ENTRY.
 All boxes must be completed for the application to be considered. Check off "Other" if you are taking non-nursing, computer or nursing refresher courses.

Type of education being taken	Course Name (Do not provide program name)	Course Code (Do not provide program code)	Educational Facility	Start Date (mm/dd/yy)	Anticipated Finish Date (mm/dd/yy)	Tuition (only)
Clinical/Specialty <input type="checkbox"/> RPN Cert.-Diploma <input type="checkbox"/> BScN <input type="checkbox"/> MScN <input type="checkbox"/> Other <input type="checkbox"/>						
Clinical/Specialty <input type="checkbox"/> RPN Cert.-Diploma <input type="checkbox"/> BScN <input type="checkbox"/> MScN <input type="checkbox"/> Other <input type="checkbox"/>						
Clinical/Specialty <input type="checkbox"/> RPN Cert.-Diploma <input type="checkbox"/> BScN <input type="checkbox"/> MScN <input type="checkbox"/> Other <input type="checkbox"/>						
Clinical/Specialty <input type="checkbox"/> RPN Cert.-Diploma <input type="checkbox"/> BScN <input type="checkbox"/> MScN <input type="checkbox"/> Other <input type="checkbox"/>						
Clinical/Specialty <input type="checkbox"/> RPN Cert.-Diploma <input type="checkbox"/> BScN <input type="checkbox"/> MScN <input type="checkbox"/> Other <input type="checkbox"/>						

Funds cannot be released until proof of payment and successful completion are submitted.

1. How will this course(s) enhance the nursing care you provide in Ontario? Please check the MOST significant for you. **(Check only one)**

- 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 positions.

Have you:

- Signed and dated your application?
- Included copies of available receipts and grades?
- Included your CNO number?
- Included your SIN number?

2. Comment on specific impact in relation to nursing care (in space provided only):

3. How did you hear about this initiative?

- Direct Mail
 Web Site
 Publication
 Employer
 Other

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I am aware I may be asked to participate in a follow up evaluation.

Signature of applicant Date