

Nursing Education Initiative Individual Application

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 to improve their nursing knowledge and professional skills.

- ▶ **YOU** may be eligible to receive a maximum of \$1,500 per year in tuition reimbursement if you have paid for and attended a course, workshop or conference.
- ▶ **FEES** paid for through your place of employment must be submitted by the organization using the Employer Application.
- ▶ **FUNDING** is not guaranteed.
- ▶ **IT** is not necessary to be a RNAO/RPNAO member to apply for funding.
- ▶ **ALL** information given is confidential.
- ▶ **APPLICANTS** will be notified to confirm receipt of application.
- ▶ **EXPECT** applications to be processed within a minimum of 4-6 weeks of submission.

IMPORTANT DEADLINE INFORMATION

WHEN: Please submit requests for reimbursement consideration within 90 days (3 months) after the finish date of the specific course, conference or workshop in question.

Submissions must include a completed application form as well as copies of both receipt of payment and proof of successful completion (*see definition on page 2*) for the course, conference or workshop in question to be considered for reimbursement.

WHERE: REGISTERED NURSES' ASSOCIATION OF ONTARIO (RNAO)

NURSING EDUCATION INITIATIVE

158 Pearl Street

Toronto, ON M5H 1L3

Phone: 1-866-464-4405

www.RNAO.org; e-mail: educationfunding@rnao.org

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; Toll-Free: 1-877-602-4664

Fax: 905-602-8367

www.rpnao.org; e-mail: nei@rpnao.org

WHAT DO I NEED TO DO?

- ▶ Read all four pages of the application.
- ▶ Fill out the application in full.
- ▶ Include receipts for all education being applied for.
- ▶ Provide proof of successful completion for education being applied for.
- ▶ Include your College of Nurses of Ontario registration number.
- ▶ Include your Social Insurance Number for income tax purposes.
- ▶ Submit an application to your professional association (RNs to RNAO, RPNs to RPNAO) by the specified deadline.
- ▶ Copies are acceptable, originals are not required. Keep a copy of your application, receipt and proof of completion for your records.
- ▶ Keep a fax confirmation or courier/registered mail receipt to verify your documents have been received in good order.

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).
- ▶ Are employed in the hospitals, 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, Operating Room, 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.

ELIGIBILITY CRITERIA

- ▶ The course/workshop/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 submitted within 90 days (3 months) of the education finish date.**
- ▶ 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.
- ▶ Registration fees for conferences, workshops or seminars may be eligible for reimbursement.
- ▶ Individuals taking refresher courses and foreign educated nurses who are in the process of registering with the CNO are encouraged to contact their professional association to determine their eligibility.
- ▶ Applicants currently undertaking THESIS education are encouraged to contact their professional association to find out more about the NEI application procedure for this specific work.
- ▶ Funding consideration will be given to applications once both receipt of payment and proof of successful completion for the education in question is provided.

IMPORTANT INFORMATION (DEFINITIONS)

Successful Completion:	A passing grade report, course certificate, transcript from the educational facility or printout from a student based web service. Certificate of attendance is required for conferences. Photocopies are acceptable.
Receipt:	Official proof of payment from the educational provider. Must show course name/code, indicate base tuition and show base tuition being paid in full.
Clinical/Specialty Education:	Course/program directly related to your area of practice.
Provincially Recognized:	<ul style="list-style-type: none">▶ education provider 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.

Nursing Education Initiative Individual APPLICATION FORM

COLLEGE OF NURSES OF ONTARIO REGISTRATION NUMBER : _____

RN	If you are dually registered, tick both boxes and submit both CNO registration numbers. You may apply to only one professional association.
RPN; or	
Foreign educated nurse/refresher program	
<p>PLEASE INDICATE IN WRITING IF YOU HAVE APPLIED FOR/RECEIVED TUITION REIMBURSEMENT FROM ANY OTHER SOURCE FOR ANY/ALL COURSES YOU ARE APPLYING.</p>	

PLEASE PRINT:

Social Insurance Number: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: AREA CODE _____ Work Telephone: AREA CODE _____

Present Employer: _____ Email: _____

Employment Setting (Check only one)

- | | | |
|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Community | <input type="checkbox"/> Public Health | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Long Term Care | |

Position (Check only one)

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Administrative Position | <input type="checkbox"/> Educator | <input type="checkbox"/> Visiting Nurse |
| <input type="checkbox"/> Charge Nurse | <input type="checkbox"/> Other | <input type="checkbox"/> Staff Nurse |

Employment Status (Check only one)

- | | |
|--|---|
| <input type="checkbox"/> Agency/Casual by choice | <input type="checkbox"/> Full Time Student |
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Unemployed/Seeking employment in nursing |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Foreign Education/Refresher |
| <input type="checkbox"/> Casual by employer | |

Predominant Clinical Area of Practice (Check only one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Emergency | <input type="checkbox"/> Oncology/Cancer Care |
| <input type="checkbox"/> Cardiac Care | <input type="checkbox"/> Gerontology | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Complex Continuing Care | <input type="checkbox"/> Home Care/Community Care | <input type="checkbox"/> Operating Room |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Med/Surg | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other _____ |

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

- | | |
|---|--|
| <input type="checkbox"/> Contacts/Interviews | <input type="checkbox"/> Other Counselling Service |
| <input type="checkbox"/> Pursuing Education in the area you wish to be employed | <input type="checkbox"/> Other — Specify _____ |
| <input type="checkbox"/> Accessed RNAO/RPNAO Counselling Service | _____ |

Complete the following table. **PLEASE APPLY ON A COURSE-BY-COURSE BASIS.** 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 Taken	Course/Conference Name	Course Code (if applicable)	Educational Provider	Start Date (MM/DD/YY)	Finish Date (MM/DD/YY)	Tuition/Conference Registration Fee
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 WITHOUT PROOF OF PAYMENT AND PROOF OF SUCCESSFUL COMPLETION .

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

- 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.

2. Comment on specific impact in relation to nursing care.

3. How did you hear about this initiative?

- Direct Mail
- Employer
- Web Site
- Other _____
- Publication

HAVE YOU:

1. Signed and dated your application?
2. Included copies of receipts and grades?
3. Included your CNO number?
4. Included your SIN number?
5. Noted when your deadline is?

I certify that the information contained within this application 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