Health Care Foundation
CNA Grant Application
CNA Certification and Recertification

*All fields must be must be completed in order for application to be reviewed.

Name: _____

Department/Program: _____   Program & Site: _____

Telephone Number: _____   Employment Statues: ◊ Permanent   ◊ Temporary

Years of Service: _____   ◊ Full Time   ◊ Part Time

Outlook or Meditech Address: _____   ◊ Casual

Home Address: _____

Home Telephone: _____

E-mail Address: _____

Please indicate if you are applying for: ◊ Initial certification by exam   ◊ Recertification by exam

◊ Recertification by Continuous Learning

I, _____, authorize the Health Care Foundation to release my name to the Canadian Nurses Association.

Educational History

	Name of Institution	Attendance Period	Graduation Date	Major	Degree / Diploma Received
College					
University					
Nursing School					
Other					

Employment History with Eastern Health *attach additional pages if required.

Employment Period	Department / Program	Position	Manager
to:			
to:			
to:			
to:			
to:			

Manager's name: _____

Manager's email address: _____

Manager's internal address: _____

Please return this completed form by <u>March 15th, 2019</u> with the following information:

- A letter to the Grant Selection Committee
- Approval will be granted by March 31st, 2019
- Funds will be dispersed upon submission of CNA acceptance letter

Return to:

hcf@healthcarefoundation.ca
Health Care Foundation
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St. John's, NL
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