

## BARBARA MILDON COMMUNITY HEALTH NURSING

## CERTIFICATION BURSARY APPLICATION

## GENERAL INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr. |  | | Ms. | |  | | | | | | | | |
| Last Name: | | | |  | | | | | First Name: | | |  | |
| Address: | | | |  | | | | | | | | | |
| City: | |  | | | | | Province | |  | Postal Code: | | |  |
| Home Phone #: | | | | | |  | | | Work Phone #: | | | |  |
| Fax: | | | | | |  | | | Email: | |  | | |
| Registration/License Number: | | | | | |  | | How long have you been a CHNC member: | | | | |  |

**CURRENT EMPLOYMENT** (if applicable)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Present Position: | |  | | | | |
| Employer | |  | | | | |
| Address | |  | | | | |
| City: |  | | Province |  | Postal Code: |  |
| Work Phone | |  | | Work Fax | |  |
| Area of Specialty | |  | | | | |

Have you received prior funding or confirmation of other awards/scholarship or funding for pursuing certification? Please outline:

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**PLEASE ATTACH YOUR C.V. or RÉSUMÉ WHICH SHOULD OUTLINE:**

**EDUCATIONAL BACKGROUND**

* Beginning with your basic RN education, consecutively list education taken.

**PROFESSIONAL NURSING EXPERIENCE**

* Employment history

**PROFESSIONAL ACTIVITIES**

* Outline your involvement in CHNC or other professional organizations: local, provincial/territorial, past, current.

**COMMITTEE/PROJECT WORK**

* Outline any you have been active in which may be volunteer or internal/job related activities related to community health.

**PRESENTATIONS OR RESEARCH ACTIVITY**

* Outline presentationsat conferences, seminars, poster presentations etc.

**STATEMENT OF PURPOSE**

Include a statement outlining your purpose for undertaking certification in community health nursing, a description of how you think your practice of community nursing will be enhanced and how you plan to study and prepare for success in writing the examination. One page maximum, please.

**APPLICATION SUMMARY**

Before this application can be considered, all of the following documentation must be received by **midnight EDT** **December 31st, 2024.**

1. This completed application;
2. Include a current c.v. or résumé;
3. One letter of support for your application related to academic, employment and/or professional involvement (see below);
4. A statement of purpose;
5. Proof of registration and payment;
6. Signed and dated application verification.

WE URGE YOU TO ALLOW SUFFICIENT TIME FOR SUBMISSION OF DOCUMENTATION. THIS DEADLINE CANNOT BE EXTENDED.

**APPLICATIONS WILL BE ACCEPTED BY EMAIL ONLY**

**APPLICATION VERIFICATION**

The information I have provided is accurate.

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|  |

Signature of applicant

|  |
| --- |
|  |

Date of submission: day/month/year

All documentation to be forwarded via **email** by **midnight EST, December 31st 2024**to:

### Community Health Nurses of Canada

**E-mail:** [**communications@chnc.ca**](mailto:communications@chnc.ca)

**Letter To Support Application For**

**BARBARA MILDON Bursary**

Candidate, please complete this section before submitting to referee:

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given Name: |  |

**REFEREE:**

Our selection committee would appreciate your views on this applicant’s professional work or CHNC involvement. In your opinion and to the best of your ability, please indicate how this applicant demonstrates nursing leadership and/or academic potential to successfully pass the certification exam. Please indicate other strengths or qualities this applicant demonstrates that you are able to share and that may enhance the application for this certification bursary. All information will be treated in confidence.

**Please forward your letter of support to** [**communications@chnc.ca**](mailto:communications@chnc.ca)

A one page maximum is appreciated.

**REFEREE VERIFICATION:**

The information I have provided is accurate.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of referee | Position | |
|  | | |

Date of submission: day/month/year

Questions to be directed to

### Community Health Nurses of Canada

Email: [communications@chnc.ca](mailto:communications@chnc.ca)