

SPECIALTY CERTIFICATION

Financial aid for Alberta's registered nurses is made possible through the charitable donations of Albertans who believe in the significance of ongoing nursing education.

IMPORTANT INFORMATION FOR YOU:

- Current RN and NP members of CARNA are eligible to apply to ARNET – a registered charity – for educational funding reimbursement for self-paid studies which increase nursing knowledge and professional skills.
- **Unfortunately due to application volume, full or partial funding from our charity is not guaranteed.**
- *Ensure your application arrives at the ARNET office prior to your selected deadline date.*
- You will receive email notification of your application status approximately 6 weeks after your selected deadline date.
- Send completed application with Electronic Funds Transfer form and Receipt(s) to:

ARNET**Alberta Registered Nurses Educational Trust**via Confidential Fax at **780-481-3785**

or by mail to

11620 – 168 Street, Edmonton, AB T5M 4A6*For security reasons, emailed applications will not be accepted.*

The following documents must accompany your funding application or the application will not be processed.

- Official payment documentation which indicates:**

 - **your name**
 - **date of payment**
 - **course or exam name/code**
 - **educational provider**
 - **amount paid**

Please Note:

- **Applications are processed after the application deadline date you select. You will receive email notification of your application status approximately 6 weeks after that date.**
- **Ensure your application arrives at the ARNET office prior to your selected deadline date.**

Make sure the following is included in the sent application:

- Completed and signed application form
 - Tuition/Exam fee receipt of payment
 - Completed Electronic Funds Transfer (EFT) form with attached void cheque

Incomplete applications will **not** be processed.

**Have any questions while filling out your application form? Don't hesitate to check out the FAQs on [our website](#) or call:
1-800-252-9392 ext. 427**

2018 Financial Aid Request for Charitable Support- Specialty Certification* Application form

CARNA Registration No:	First Name:	Last Name:
Credential: <input type="checkbox"/> RN or <input type="checkbox"/> NP	Daytime Phone No:	Personal Email Address:

*Includes ACLS, PALS, TNCC – please send a copy of your provider card or certificate along with your receipt of payment of the course fees

Your course/exam must take place within one year of the application deadline date you select –

Select ONE only: **May 30, 2018** (firm) **November 30, 2018** (firm)

Complete applications MUST arrive at the ARNET office by the deadline date you select.

Title of Certificate/Diploma currently in progress	
Course Name & Code No. or Exam Name	
Certification Provider	
Start and End Date (d/m/y)	
Amount of Tuition/Exam Fee - attach receipt of payment. If the receipt provided to you does not indicate your name, date, course name/code or exam name and fee schedule, please forward additional official documentation: <ul style="list-style-type: none"> MRU Student Schedule/Bill and Account Summary by Term GMU Term Enrolment and Account Summary A copy of ACLS, PALS provider card 	\$ If you paid in US funds, please provide proof of CAD conversion (e.g. your credit card statement)

Your employment sector		How did you first hear about ARNET?	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> the ARNET website	<input type="checkbox"/> CARNA
<input type="checkbox"/> Public Health	<input type="checkbox"/> Business/Industry/Occupational Health	<input type="checkbox"/> a colleague	<input type="checkbox"/> your educational provider
<input type="checkbox"/> Community Health	<input type="checkbox"/> Government	<input type="checkbox"/> AB RN magazine	<input type="checkbox"/> you are a prior ARNET recipient
<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Other – please specify:	<input type="checkbox"/> notice board at work	<input type="checkbox"/> Other – please specify:

ARNET Disclosure of Information & Certification

Have you previously **RECEIVED alternate funding** for the **specific course(s) listed above**? Failure to fully disclose alternate funding received for this educational activity is considered a violation of the Nursing Practice Standards and could result in disciplinary actions.

No Yes [Fill in the Amount and Provider]:

Amount: \$ _____ Provider _____

I understand that ARNET will be accessing my CARNA membership information for the purposes of determining my funding eligibility and contact information and that it is my responsibility to ensure this information is current and complete.

This charitable support will advance my nursing practice and the quality of care and services I provide to Albertans.

ARNET does not share personal information with any organization other than as required by law. We maintain records for the purpose of distributing educational funding, tax and charitable receipting, research and campaign information. All information is kept private and confidential, stored in a secure location and accessible only by authorized individuals.

I CERTIFY the information submitted on this application is true and complete. I give my express consent to ARNET to contact me electronically and I have read and agree to the ARNET Disclosure of Information & Certification.

Date _____

*Signature (required) _____

ELECTRONIC FUNDS TRANSFER (EFT) FORM

ARNET EDUCATIONAL FUNDING REIMBURSEMENTS ARE MADE VIA DIRECT DEPOSIT ONLY

The completed EFT Form is a required component of each application.

Payment by direct deposit helps us distribute educational funding supports to you faster; with less impact on the environment and eliminates the concern of cheque or mail fraud. Your banking information will be held in confidence and used only for the purpose of direct deposit of the approved funding.

3 Simple Steps:

1. Complete and **SIGN** this form ;
2. **ATTACH** a void cheque. *If you do not have printed cheques, your bank can provide a void copy.*
3. **SEND** this signed form with your **completed application, void cheque and receipts** to ARNET by mail or to our confidential FAX 780.481.3785

If your banking information changes after you submit this form, contact ARNET asap.

1. Complete & SIGN:

CARNA Registration #:	First Name:	Last Name:
My Email address for remittance advice		
Social Insurance No:		
T4As will be issued to all individuals who receive ARNET educational supports of \$500.00 and over in the current calendar year.		

I authorize the Alberta Registered Nurses Educational Trust (ARNET) to deposit educational funding payments into my account with the financial institution indicated above and I understand that notification of any EFT payments will be delivered to the email address provided.

Signature Required

Date

2. ATTACH void cheque or completed direct deposit form to [this page](#):

3. SEND completed application with EFT form and receipt(s) to:

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Alberta Registered Nurses Educational Trust
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