



**Health Care Foundation
CNA Grant Application**
CNA Certification and Recertification

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

Name: _____

Department/Program: _____ Site: _____ Position: _____

Telephone Number: _____ Employment Status: Permanent Temporary

Years of Service: _____ Full Time Part Time
 Casual

Home Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____

E-mail Address: _____

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

Please enter the name of the certification or recertification you are applying for with this grant:

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 NL Health Services *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 with your letter by March 11, 2024.

Please email your application to: hcf@healthcarefoundation.ca

Points To Remember:

- Successful applicants will be contacted via email by March 31, 2024
- Funds will be dispersed upon submission of CNA acceptance letter **and** proof of payment