



**CONFIRMATION OF CNA CERTIFICATION FUNDING**

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

**Other Financial Assistance**

Please indicate the source and amount of any financial assistance that you were awarded to assist with the self-paid costs of your CNA Certification (e.g., employer, RNUNL, Canadian Nurses Foundation, etc.).

Funding Source	Amount
<b>Total</b>	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please **Do Not** submit this form until you know the status (successful/unsuccessful) of all other funding applications. Only include amounts that were successful and/or have been approved.

You are required to complete this form if you did not receive any other funding.

Confirmation of Funding forms can be emailed to [trust@arnnl.ca](mailto:trust@arnnl.ca) or faxed to 709-753-4940.

**NOTES**

- *The amount of your bursary may be adjusted based on the amount of other financial assistance received.*
- *An act of dishonesty on this form can be referred to the ARNNL Director of Regulatory Services for investigation.*