



CONFIRMATION OF CONTINUING EDUCATION EXPENSES

Name: _____ Registration #: _____

Award/Bursary: _____

- (i) Costs
Identify costs and include actual expenses incurred.

Item	Description	Amount
	Total	

- (ii) Other Sources 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 continuing education event/program (e.g., employer, RNUNL, etc.).

Funding Source	Amount
	Total

Total Cost: _____
 Other Funding: _____
 Balance: _____

Signature: _____

Date: _____

Please **DO NOT** submit this form until:

1. you have received notification that your application is successful.
2. you know the status (successful/unsuccessful) of all other funding applications. Only include amounts that were successful and/or have been approved.

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

In order to claim your bursary you must also submit proof of cost(s) (e.g., registration receipt).

Please **do not** take a picture of this form and submit it to the Trust unless it has been properly resized to print legibly on 8.5 x 11 paper.

Confirmation of Expenses forms can be emailed to 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.*