



Region IV, Massachusetts Nurses Association

50 Salem Street, Building A, Lynnfield, MA 01940

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Application for Reimbursement of Costs for Continuing Nursing Education, Nursing Certification and Advanced Nursing Practice Licensure

*Before completing this application, please read the
"Policy for financial reimbursement of members of MNA Region IV for continuing nursing education and
nursing certification/advanced nurse practice licensure fees", available through the Region IV office.
For the year July 1, 2011 to June 30, 2012, the maximum reimbursement per member will be \$100.*

Please type or print clearly.

Full Name _____

Home Address _____

Home Phone _____ Work Phone _____

E-Mail _____

Facility at which you are employed _____

Full title of the program for which you are seeking reimbursement of fees:

Date you completed the above program _____

Were CEU's awarded? Yes _____ No _____

If yes, how many CEUs did you earn from this program? _____

Were fees associated with nursing certification or with licensure for advanced nursing practice?

Yes _____ No _____

If yes, for what nursing certification or advanced nursing practice licensure did the program help
you qualify?

What costs did you incur to complete the above program? _____

Amount of reimbursement you are requesting from Region IV _____

*This application **must** include documentation of attendance and payment.
Applications must be received **within 90 days** of the date of the program for which you seek reimbursement.
Send all materials to the office of MNA Region IV (above).*