



Region 4 Massachusetts Nurses Association

50 Salem Street, Building A, Lynnfield, MA 01940

Phone: 781-584-8012 Fax: 339-440-5830

E-Mail: region4@mnarn.org.

**Application for Reimbursement for
Continuing Nursing Education, Nursing Certification or
Advanced Practice Nurse Licensure**

Before completing this application, please read the Region 4 "Policy for Reimbursement for Continuing Nursing Education, Nursing Certification or Advanced Practice Nursing Licensure"

The maximum reimbursement per member is \$100 each fiscal year (July 1-June 30).

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Employer: _____

Name of the program/certification/APN licensure: _____

Date of completion: _____ Total cost: _____

Number of CEU's earned: _____

If you are applying for Certification/APN licensure, name the nursing certification or APN license for which you qualified: _____

Check off each item and sign below:

- I have submitted copies of the following:
 - (1) CEU certificate or other documentation of completion, and
 - (2) Receipt, bank/credit statement or cancelled check.
- I have not violated any MNA sanctioned work actions at my place of employment.
- I have not received reimbursement for this program/certification/licensure from my employer.
- I am an MNA Region 4 member in good standing, current in my dues.
- I was an MNA Region 4 member in good standing on the date(s) of the program/certification or licensure on this application.
- I hereby attest that all of the above information is true.

Signed: _____

*This application **must include documentation of attendance and payment.**
Applications **must be received within 90 days** of the date of completion of the program.
Send this application and supporting documentation to the office of MNA Region 4 at the above address.*



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Policy for Reimbursement for Continuing Nursing Education, Nursing Certification or Advanced Practice Licensure

Introduction

Regional Council 4 budgets funds to assist our members by offering reimbursement of fees for:

- nursing continuing education programs,
- nursing certification,
- licensure for advanced practice in nursing.

Eligibility

- Applicant must be a current member of MNA Region 4.
- Reimbursable expenses are those for nursing continuing education programs or for activities required to achieve or maintain nursing certification or advanced nursing practice licensure.
- Each Region 4 member can apply for up to \$100.00 per fiscal year (July 1-June 30).

Application Procedure

- A member must complete an application available from the Region 4 office or on-line at www.massnurses.org/region4/benefits.
- The application must be accompanied by documentation of **both**:
 1. Attendance at the continuing nursing education program, or proof of nursing certification or advanced nursing practice licensure, and
 2. Payment for the program or other fee in the form of a receipt, a cancelled check, or a bank/credit card statement.
- All materials must be submitted **within 90 days** after completion of the program or other activity, for which reimbursement is sought, to Region 4 MNA at above address.