

MNA REGIONAL COUNCIL 5

340 TURNPIKE STREET ■ CANTON, MASSACHUSETTS 02021
781-821-8255 TEL ■ 781-821-8256 FAX ■ www.massnurses.org/region5

Certification/Continuing Education Scholarship Application Form

Name: _____

Address: _____

Phone: home _____ work _____

Employer: _____

Type of Program: ___ Nursing CEU Program ___ Certification ___ ACLS
 ___ Labor Education ___ Re-Certification ___ BLS

Name of Program and Sponsoring Agency: _____

Date Completed: _____ Total Cost of Program/Certification: \$ _____

Check off each item and sign below:

- I have submitted for certification/program taken during the current MNA fiscal year (July-June).
- I have submitted copies of the following:
 - program materials and/or CEU certificate
 - 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 from my employer.
- I am an MNA Regional Council 5 member in good standing, current in my dues.
- I was an MNA Regional Council 5 member in good standing on the date(s) of the program/certification on this application.
- I hereby attest that all of the above information is true.

For Membership Division Use Only:
Member ID: _____
Region 5 member since _____
Region 5 in good standing: yes / no

Signed: _____

Mail this application and supporting information to MNA Regional Council 5 at the above address.