Chinese American Nurses Association
美國華裔註冊護士協會
P.O. Box 527652
Flushing, NY 11352
Cananursing1997@gmail.com

Nursing Continuous Education Funding Application

MEMBER INFORMATION

Name:_____

First Last

Gender: M____ F_____

Address:_____

City_____ State _____Zip Code_____

Day Telephone: _____ Cell: _____

Email Address: _____

Active CANA Member Yes_____ No _____

WORKSHOP INFORMATION

Name of Certifying Organization_____

Name of the Workshop _____

Start Date of the Workshop _____ Completion Date of the Workshop _____

Actual Workshop Fee _____

Number of CEU credits (if applicable)_____

I acknowledge that all the information contained on this application is correct and that any false information may disqualify me from any future sponsorships, scholarships, etc.

Applicant's Signature (not typed): _____ Date:_____

Please email or mail the application form to CANA at the above address.