

CARRIE M. HALL FUND
of the
Alumni Association Peter Bent Brigham School of Nursing, Inc

Application for (Re)Certification Reimbursement

Name _____ Date: _____

Address: _____

City: _____ State: _____ Zip _____

Yr of PBB Grad: _____ States & Registration No: _____

Certification Specialty Title: _____

Date Certification Completed: _____

Organization Granting Certification: _____

Address of Organization (above): _____

Amount Requested: _____ Signature: _____

Note:

- To be eligible for certification reimbursement, you must be an ongoing dues paying member of the PBB SON Alumni Association.
- Delinquent dues must be paid before reimbursement is awarded. You may refer any questions about your dues status to Joan Seiberth, Assistant Treasurer.
- Reimbursement money is awarded depending on the availability of funds.
- A maximum of \$750.00 (seven hundred fifty) per member may be requested.
- Awards will be granted on proof of certification or recertification and evidence of full dues payment.
- Application should be submitted within one year of attaining certification or recertification.

Please Submit the Following:

- Completed Application Form
- Copy of cancelled check as proof of certification payment

Send to: Joan Seiberth, Ass't Treasurer
 44 Maidstone Drive
 Merrimack, NH 03054
 jbseiberth@yahoo.com

Do Not Write Below This Line
Action By Officers and Board of Directors

Approved: _____ Amount: _____

Disapproved: _____ Reason: _____

Date: _____ Signature: _____