

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

Application for Certification or ALS 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 or ALS reimbursement, you must be an Ongoing dues paying member of the PBB SON Alumni Association. Delinquent dues may be paid retroactively. 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 \$500.00 (five hundred) per member may be requested.
Awards will be granted on proof of passing grade for the course(s) and Evidence of full dues payment.
*Application should be submitted within one year of completion of Examination.

Please Submit the Following:

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

Send to: Joan Seiberth ,Ass't Treasurer
44 Maidstone Drive
Merrimack, NH 03054

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

Approved: _____ Amount: _____

Disapproved: _____ Reason: _____

Date: _____ Signature: _____

Updated 11/13/2007