

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: _____