Ontario

Ministry of Health

Application for Tuition Support Program for Nurses

Please return signed copies to:
Primary Health Care Branch
Northern Health Programs
NHP@ontario.ca

Funds provided through the Tuition Support Program for Nurses are subject to federal and provincial income tax.

Personal information contained on this document is collected by virtue of it being necessary for the proper administration of a lawfully authorised activity pursuant to Section 8 of the *Ministry of Health and Long-Term Care Act, RSO 1990*, Chapter M. 26. and, more specifically, for the purpose of establishing eligibility for the Tuition Support Program for Nurses. For information about this collection, please contact the Manager, Northern Health Programs, at 705-564-7280, or toll free at 1 866 727–9959 or via email at NHP@ontario.ca.

Please complete all sections

Section 1 - Personal Information

Last Name	First Name	Middle Initial

Present Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number	Email Address (mandatory)

What is your immigration status in Canada?

☐Canadian Citizen ☐Landed Immigrant ☐Other ▶

College of Nurses of Ontario (CNO) Registration Number	Date of Registration (yyyy/mm/dd)	☐Provisional ☐General

What type of nursing program have you graduated from?

☐Registered Practical Nurse ☐Bachelor of Science in Nursing ☐Nurse Practitioner (Primary Health Care) ☐Nurse Practitioner (Adults Only)

Name of college / University attended	Graduation Date (yyyy/mm/dd)

Is your current permanent residence located no more than 100 kms from the underserviced community in which you wish to return service?

☐Yes ☐No (explain)

Did you attend high school, for at least one full year, no more than 100 kms from the underserviced community in which you wish to return service?

☐Yes ☐No

Total tuition fee for which reimbursement is requested*	Number of years for which reimbursement is requested**

* Tuition does not include books, student fees

** You will be required to provide 1 year of return of service for each year of tuition reimbursed. You may apply for all or part of your nursing education.

Have you received tuition or financial support in the form of awards, bursaries, grants or scholarships from any other source for this education program?

☐Nursing Education Initiative (specify amount)		Date Received (yyyy/mm/dd)
☐Nursing Graduate Guarantee (specify amount)		Date Completed
☐Other (specify source and amount)		Date Received (yyyy/mm/dd)

 © King's Printer for Ontario, 2023

I am including pdf copies of:

☐ proof of tuition paid (letter from school or detailed statement of account, by semester) for each academic year assistance is applied for (T2202 not acceptable proof)

☐ proof of CNO Certificate of Registration

☐ copy of Nursing Diploma

☐ imprinted blank voided cheque or copy of electronic bank transfer letter for the bank account to which the funds will be deposited

☐ Return of Service Agreement

☐ Confirmation of Employment

☐ Acceptance of Ministry Offer and Consent to Collection and Disclosure of Personal Information

Section 2 - Signature

I hereby certify that the information is true and correct. I agree to participate in an evaluation of the program if needed.

Signature	Name	Date (yyyy/mm/dd)