



**APPLICATION FORM  
GNABC EDUCATION AWARD**

Office use only
ID # _____ (assigned)

1. Candidate's Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_
3. Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_
4. E-Mail Address: \_\_\_\_\_

**Enclosures Required:**

- a) Copy of your license to practice in B.C.
  - b) GNABC proof of active membership for last two years.
  - c) Copy of your letter of acceptance into the education course (this may be presented after receipt of award; however, failure to present receipt of enrolment will necessitate relinquishment of the award monies in full) or copy of completed application to write CAN gerontological nursing certification exam (required to submit proof of writing exam before award provided).
  - d) Resume.
  - e) Reference Letter
5. Member of GNABC for how many years? \_\_\_\_\_
6. Please circle your present academic preparation:
- RN      RPN      LPN      BSN/BN      MSN/MN      PhD
- Other (specify) \_\_\_\_\_
7. Past contributions to GNABC: (examples: executive position, presentations at meetings, newsletter contributions)
- \_\_\_\_\_
- \_\_\_\_\_







**Letter of Reference for GNABC**

Please describe this member's role as a gerontological nurse and the contributions made to gerontological nursing.

Position: \_\_\_\_\_

Reference: \_\_\_\_\_

Signature

\_\_\_\_\_  
Name (Please Print)