

**SIGMA THETA TAU INTERNATIONAL
THETA TAU CHAPTER
PROFESSIONAL NURSING CERTIFICATION REIMBURSEMENT REQUEST**

Name:

Address:

Home Phone #:

Work Phone #:

E-mail Address:

Name of Professional Nursing Certification you are requesting funding for:

Dollar Amount:

CEUs:

Eligibility Criteria: *(Candidate must meet at least one of the following.)*

Office Held (list)

Committee Chair (list)

Presenting CE Offerings (title of presentation)

Presenting/Participating in Research Activities (explain)

Other (to be decided on by Oversight Committee)