**Claim Form for Nursing Practice Premiums**

**To be Completed and Submitted by Nurse by October 31st:**

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| **Eligible 12 Month Period** | November 1, 20\_\_\_\_\_\_ to October 31, 20\_\_\_\_\_\_\_ |
| **Personal Information** | **Name** |  |
| **FTE Status (FT/PT/Casual)** |  |
| **Job Title** |  |
| **Classification (RN 2, etc)** |  |
| **Unit/Dept/Area worked** |  |
| **Manager’s Name** |  |
| **Points Claimed by Category (Details Attached)** |

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| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **Total/70** |
|  |  |  |  |  |  |  | **/70** |

**\*\* Points must be claimed in a minimum of TWO Categories** |
| **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**For Internal Use by Management:**

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| **Points Approved by Category (Details Attached)** |

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| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **Total/70** |
|  |  |  |  |  |  |  | **/70** |

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| **Premium Approval** | Premium Approved \_\_\_\_\_\_\_\_\_\_\_ Premium Not Approved \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Rationale** |  |
| **Proration for PT/Casual** | \*\*Regular Hours Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Prorated Premium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\*from the previous Nov 1 to Oct 31 for the year of eligibility: |
| **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Description of Nursing Practice Points Claimed**

**NOTE: Points Claimed MUST come from a Minimum of TWO CATEGORIES**

For description of types of education which can be claimed, see Appendix “B” of the Collective Agreement (C. Nursing Practice and Nursing Leadership Premiums). \*\* If any discrepancy is noted between the explanations below and the explanation in the Collective Agreement, the language in the Collective Agreement governs.

**\*\* Additional details required to claim points for any of the claimed activities should be attached to this form.**

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| **Category A** | **Certification Obtained** | **Date** | **Points Claimed** | **For Internal Use: Points Approved** |
| **CERTIFICATION IN A SPECIALTY** **40 Points**NOTE: Effective Oct 31, 2011, these points can only be claimed in the year the certification is awarded |  |  |  |  |
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| **Category B** | **Course Completed** | **Date** | **Points Claimed** | **For Internal Use: Points Approved** |
| **COURSE IN A SPECIALTY Requiring an Evaluation Component** **20 points for course** |  |  |  |  |
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| **5 points for subsequent years while course certification remains valid** | **Certification and Date Obtained** | **Date Certification Expires** | **Points Claimed** | **For Internal Use: Points Approved** |
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| Category C | **Course Completed and Time Duration** | **Date** | **Points Claimed** | **For Internal Use: Points Approved** |
| **COURSE IN A SPECIALTY (not requiring an evaluation component)** **10 points if minimum 3.5 hrs in duration****15 points if minimum 7.5 hrs in duration** |  |  |  |  |
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| Category D | **Course Completed and Time Duration** | **Date** | **Points Claimed** | **For Internal Use: Points Approved** |
| **COURSE, WORKSHIOP or CONFERENCE in a GENERAL or SPECIALTY SKILL/THEORY or PROFESSIONAL/ PERSONAL DEVELOPMENT** **10 points if minimum 3.5 hrs in duration****15 points if minimum 7.5 hrs in duration** |  |  |  |  |
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| Category E | **Inservice Completed and Time Duration** | **Date** | **Points Claimed** | **For Internal Use: Points Approved** |
| **INSERVICE/HOSPITAL BASED EDUCATION SESSIONS****5 points if minimum 1 hr in duration** |  |  |  |  |
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| Category F | **E-Learning Completed and Time Duration** | **Date** | **Points Claimed** | **For Internal Use: Points Approved** |
| **E-LEARNING** **5 points if minimum 1 hr in duration** |  |  |  |  |
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| Category G | **Education Completed** | **Date** | **Points Claimed** | **For Internal Use: Points Approved** |
| **EDUCATION****10-25 points** |  |  |  |  |
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