



Temporary Reimbursement of Fees for Internationally Educated and Inactive Nurses

STEP 1 - Application and Confirmation of Banking Information Form

Section 1 – Contact Information Please verify that the information provided below <u>exactly</u> matches the information provided to the College of Nurses of Ontario (CNO) so that your eligibility can be validated.		
First Name:	Last Name:	
E-mail Address:		
<input type="checkbox"/> I have verified that the name and e-mail address above match my information on file with the CNO.		
Mailing Address:		
City:	Province:	Postal Code:
Telephone Number:		

Section 2 – Application Please verify that the CNO Application Number is the 9-digit number provided by the CNO to identify your General Class or Reinstatement Application.		
CNO Application Number for General Class or Reinstatement Application:		
I am applying to receive reimbursement to support my application with the College of Nurses of Ontario (CNO) as an:		
<input type="checkbox"/> Inactive RN applying for reinstatement		
<input type="checkbox"/> Inactive RPN applying for reinstatement		
<input type="checkbox"/> Internationally educated nurse applying for registration as an RN		
<input type="checkbox"/> Internationally educated nurse applying for registration as an RPN		
Note – Please only select <u>one</u> option. In cases where applicants have submitted both an RN and RPN registration application to CNO, only one application fee and/or examination fee can be submitted for reimbursement.		



Section 3 – Program Confirmations
<p><input type="checkbox"/> I confirm my Reinstatement or General Class registration application was submitted to the CNO between August 18, 2022 and March 31, 2024.</p> <p><input type="checkbox"/> By completing this form, I authorize Ontario Health to contact me directly, and to use and disclose my information (name, e-mail and CNO application number) as required with the College of Nurses of Ontario (CNO) for the purpose of validating eligibility to participate in and receive payment through the Temporary Reimbursement of Fees for Internationally Educated and Inactive Nurses Program. I further acknowledge and understand that the validation process will require CNO to disclose information about or contained within my application or registrant file.</p> <p>Questions on how your information is used and disclosed can be directed to hf-reimbursement@ontariohealth.ca.</p>

Section 4 – Direct Deposit Information
Account Holder’s Name:
Bank Name:
Bank Address:
Branch/Transit Number:
Bank/Institution Number:
Account Number:
<p><input type="checkbox"/> I will include either a void cheque or Direct Deposit Form issued from my bank that shows <u>my name and banking information</u>. <i>This can be provided as an additional attachment when submitting this form.</i></p>

Please submit this form and all required documentation to: hf-reimbursement@ontariohealth.ca.

By signing below, I certify that the above information is true and correct, and authorize Ontario Health to make payments to the account information provided for the Temporary Reimbursement of Fees for Internationally Educated and Inactive Nurses Program.

Name: _____

Signature: _____

Date: _____