



Request for AORN Chapter 4409 Certification Reimbursement

Please complete the following and submit to the chapter’s treasurer to obtain approval. Responses are generally returned within thirty (30) business day. Maximum reimbursement allowed for certification is \$150. This amount is subject to approval and chapter fund availability.

(Please Print)

Full Name: _____ Today’s Date: _____

AORN Member ID #: _____ Phone#: _____

Chapter position(s) held: _____ Email: _____

Did you receive funds from your employer? Yes ___ No ___ If yes, how much? _____

Certification Date: _____

Please select the type of certification obtained:

- CNOR RNFA CIS
- CSSM CHL
- CRCST CER

Member Signature _____ Date _____

<p>Official Office Use</p> <p>This request is: Approved _____ Denied _____ Reimbursement Amount Authorized _____</p> <p>Comments:</p> <p>Signature of Committee Member _____ Date _____</p>
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