



**Bachelor Degree in Nursing**

DATE RECEIVED

**SPONSORSHIP  
APPLICATION FORM**

Recruitment and Retention Secretariat  
PEI Department of Health  
16 Garfield St., P.O. Box 2000  
Charlottetown PE CIA 7N8

Due to limited funding, students are encouraged to apply to:  
**BN Sponsorship Program by June 12**  
**Accelerated BN Sponsorship Program by October 12**

- This Application Form is for full-time students who will be entering either their **3<sup>rd</sup> or 4<sup>th</sup> year** of a Canadian Bachelor Degree in Nursing Program or their **1<sup>st</sup> or 2<sup>nd</sup> year** of the Accelerated Canadian Bachelor Degree in Nursing Program.
- Students can be sponsored for only one year at a time; therefore, students who have received sponsorship **must reapply** for further sponsorship.
- It is the applicant's responsibility to have their educational institution supply the Recruitment and Retention Secretariat at the PEI Department of Health with their **latest official transcripts**.
- Sponsored students are required to provide verification of registration with their educational institution prior to the commencement of the sponsored academic year and prior to any funds being issued.
- The applicant must maintain continuous full-time status as determined by the attending university in the Bachelor Degree in Nursing Program.
- Sponsored students are required to sign a Return-In-Service (RIS) Agreement **prior to** any funds being issued.
- There are two types of Sponsorships: non-rural sponsorship (**\$2,400**) and rural sponsorship (**\$3,000 per academic year**). (See page 2)
- In return for a Sponsorship and upon graduation, successful applicants must fulfill a 1950 hour RIS with the PEI Department of Health for each year of sponsorship.
- Sponsored students must successfully pass the Canadian Registered Nursing Exam and an employment interview as a condition of employment. If these conditions are not met, the students will be required to return their sponsorship funds.
- All sponsorship payments are considered taxable according to Canadian Tax Regulations; therefore, students must provide a Social Insurance Number in order to receive a Sponsorship and for a T4A to be issued.

**1. APPLICANT INFORMATION (Please Print):**

FIRST NAME	MIDDLE NAME	LAST NAME
Previous name if applicable	<b>ALTERNATE CONTACT</b> , excluding spouse and children	
Number, Street & P. O. Box Number	Name & Telephone #	
City	Prov.(Abbr.)	Postal Code
Telephone #	Alternate Telephone #	Number, Street & P.O. Box Number
E-mail Address		City
		Prov.(Abbr.) Postal Code
		E-Mail Address

**NOTE: Please notify Recruitment and Retention Secretariat of any address changes.**

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**2. ACADEMIC INFORMATION (Please Print):**

a) Name and address of educational institution:

\_\_\_\_\_ Educational Institution  
\_\_\_\_\_ Number, Street & P.O. Box  
\_\_\_\_\_ City \_\_\_\_\_ Prov.(Abbr.) \_\_\_\_\_ Postal Code  
\_\_\_\_\_ Telephone #

b) How many years in your degree program? \_\_\_\_\_

c) What year are you entering? \_\_\_\_\_

d) Indicate number of courses: \_\_\_\_\_  
1<sup>st</sup> term 2<sup>nd</sup> term

e) Academic year begins: \_\_\_\_\_  
year/month/day

f) Academic year ends: \_\_\_\_\_  
year/month/day

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**3. TYPE OF SPONSORSHIP:**

**BN Sponsorship:**  3<sup>rd</sup> Year \_\_\_\_\_ Rural Sponsorship \_\_\_\_\_ OR Non Rural Sponsorship \_\_\_\_\_  
4<sup>rd</sup> Year \_\_\_\_\_ Rural Sponsorship \_\_\_\_\_ OR Non Rural Sponsorship \_\_\_\_\_

**Accelerated BN Sponsorship:**  1<sup>st</sup> Year \_\_\_\_\_ Rural Sponsorship \_\_\_\_\_ OR Non Rural Sponsorship \_\_\_\_\_  
2<sup>nd</sup> Year \_\_\_\_\_ Rural Sponsorship \_\_\_\_\_ OR Non Rural Sponsorship \_\_\_\_\_

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**NOTE:** You will be required to sign a RIS Agreement with the Department of Health and with your preferred health care facility prior to receiving Sponsorship funds. If that facility is unable to offer employment, the RIS Agreement will be amended to include your next preference. Amendments will be made to the original agreement to indicate the change in health care facility.

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**4. PREFERRED HEALTH CARE FACILITY FOR RETURN-IN-SERVICE:**

(Prince Edward Island has health care facilities in Rural and Non-Rural areas.)

**Rural (\$3,000):** Community Hospital O’Leary, O’Leary  
Western Hospital, Alberton  
Stewart Memorial Hospital, Tyne Valley  
Souris Hospital, Souris  
Kings County Memorial Hospital, Montague

**Non-Rural (\$2,400):** Queen Elizabeth Hospital, Charlottetown  
Prince County Hospital, Summerside

Please indicate, in order of your preference, the health care facility where you would like to work as part of the Return-In-Service requirement.

- i) \_\_\_\_\_  
ii) \_\_\_\_\_  
iii) \_\_\_\_\_

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**5. RESIDENCE STATUS:** Are you eligible to work in Canada?  Yes  No

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**6. T4A INFORMATION:**

\_\_\_\_\_  
Social Insurance Number

\_\_\_\_\_  
Date of Birth (year/month/date)

Have you received previous PEI BN sponsorship? Yes  No  If yes, Amount \$\_\_\_\_\_ Year Received \_\_\_\_\_

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**7. DECLARATION BY APPLICANT:**

- (a) I hereby certify that the information given on this application is complete and true in all respects.
- (b) I provide my consent for the PEI Department of Health to obtain and release my personal information to the educational institution I am currently attending for the purpose of the administration of the Bachelor Degree in Nursing Sponsorship Program.
- (c) I understand that any monies received through the Bachelor Degree in Nursing Sponsorship Program will be used for payment of tuition, books, and other associated fees and must be reported on any student loan application.

\_\_\_\_\_  
**Date of Application**

\_\_\_\_\_  
**Signature of Student**

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NOTE: Personal information on this form is collected under section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988,c.F-15.01 as it relates directly to and is necessary for the Bachelor Degree in Nursing Sponsorship Program and will be used for this purpose. If you have questions about the collection, use and disclosure of your personal information please call the Department of Health Privacy and Access Coordinator at (902) 368-4942.

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**Further Information:**

- If you have questions or require assistance, feel free to contact us by:
  - Telephone: 902-620-3872
  - E-mail: [healthrecruiter@gov.pe.ca](mailto:healthrecruiter@gov.pe.ca)
  - Fax: 902-620-3875
- It is your responsibility to ensure that all relevant information has been included or attached.
- Incomplete applications will not be considered.

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**Submit your completed application to:**

Recruitment and Retention Secretariat  
PEI Department of Health  
16 Garfield St., P.O. Box 2000  
Charlottetown, PE C1A 7N8

**ATTENTION:** BN Sponsorship