

**Acute Care Claim Form for Nursing Practice Premiums
For Other Sectors, Please Consult Collective Agreement**

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

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)	** Points must be claimed in a minimum of TWO Categories							
	A	B	C	D	E	F	G	Total/70
								/70
Signed _____				Date: _____				

For Internal Use by Management:

Points Approved by Category (Details Attached)	A	B	C	D	E	F	G	Total/70
								/70
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.**

Category A	Certification Obtained	Date	Points Claimed	For Internal Use: Points Approved
<p>CERTIFICATION IN A SPECIALTY</p> <p><u>40 Points</u></p> <p>NOTE: Effective Oct 31, 2011, these points can only be claimed in the year the certification is awarded</p>				
		TOTAL:		

Category B	Course Completed	Date	Points Claimed	For Internal Use: Points Approved
COURSE IN A SPECIALTY Requiring an Evaluation Component <u>20 points for course</u>				
<u>5 points for subsequent years while course certification remains valid</u>	Certification and Date Obtained	Date Certification Expires	Points Claimed	For Internal Use: Points Approved
		TOTAL:		

Category C	Course Completed and Time Duration	Date	Points Claimed	For Internal Use: Points Approved
COURSE IN A SPECIALTY (not requiring an evaluation component) <u>10 points if minimum 3.5 hrs in duration</u> <u>15 points if minimum 7.5 hrs in duration</u>				
		TOTAL:		

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 <u>10 points if minimum 3.5 hrs in duration</u> <u>15 points if minimum 7.5 hrs in duration</u>				
			TOTAL:	

Category E	Inservice Completed and Time Duration	Date	Points Claimed	For Internal Use: Points Approved
INSERVICE/HOSPITAL BASED EDUCATION SESSIONS <u>5 points if minimum 1 hr in duration</u>				
		TOTAL:		

Category F	E-Learning Completed and Time Duration	Date	Points Claimed	For Internal Use: Points Approved
E-LEARNING <u>5 points if minimum 1 hr in duration</u>				
		TOTAL:		

Category G	Education Completed	Date	Points Claimed	For Internal Use: Points Approved
EDUCATION <u>10-25 points</u>				
		TOTAL:		