



**2019-20 NWCAC Form—
Board Members/MWC Committee Members (Exempt Status) Merit Award Program**

Name	
Street Address	
City, State and Zip Code	
Phone Number	
Email Address	
AACN Membership Number	

Point accrual period is July 1 to June 30. Application is due at June Chapter Meeting.

Directions for Point/Funds Allocation

- ___ Use remaining points/funds from 2018-19 for reimbursement
___ Save 2019-20 points/funds for next year
___ Use 2019-20 points/funds for reimbursement as requested and save remainder for next year

*Please note, points/funds earned this year may be carried over for **only 1 year**.*

Please submit all applicable receipts for reimbursement: including CE Certificates, receipts for conferences, travel, lodging, books, journals, certification renewal fees, AACN dues as applicable

Reimbursement Requested

Education Event Name _____ **Dates** _____

Item	Amount
Seminar Registration Fee	
Travel Expenses <ul style="list-style-type: none">AirfareMileage \$0.54/mile	
Hotel	
Miscellaneous Expenses <ul style="list-style-type: none">FoodShuttle/Cab ServiceGratuities <p>*Not to exceed total of \$40/day</p>	

Item	Amount
Critical Care/Nursing Book Title:	
Nursing Journal Title:	
Certification Renewal Dues	
AACN National Dues	

Total Amount Requested: _____

For Committee Use Only:

Total funds Accumulated for current year	\$
Total funds Available from previous year	\$
Total Funds Available for Reimbursement	\$
Amount of Funds Requested	\$
Amount of Funds Paid	\$
Amount of Funds Saved for Next Year	\$

I certify to the best of my knowledge that the information concerning my activities with NWCAC-AACN is correct.

Member Signature _____ Date submitted _____

Award Chair _____ Date approved _____