

Heart Centre Professional Development Funding Application

Please read each page of the application form and complete all requested sections as directed.
Please ask for help if unclear.

1. The conference registration fee is funded only at the **early bird member rate**.
2. All sources of funding need to be disclosed.
3. The total amount of funding is capped at 80% of total estimated cost, or in the case of CCC a predetermined cap is set. In general, **reimbursement is limited** to airfare, hotel, **early bird** member registration (if offered), and travel to and from airport.
Claims over and above this must be paid for by the applicant. If event expenses in application were based on shared accommodation and a situation arises where sharing accommodation is not feasible, there must be a discussion with the committee chair to take this into account (if possible) prior to the start of the conference.
It is therefore in the applicant's best interest to submit application at least 8 weeks prior to early bird deadline to maximize potential funding.
4. An **LOA** must be requested and is not guaranteed.
5. Once you have received notification of approval AND received approval for LOA from your PCM, please pay the event costs and obtain **original receipts** for reimbursable expenses. If another currency is required, please use a credit card to provide **accurate exchange rate** information.
If you are unable to provide evidence of paid expenses, the Heart Centre cannot reimburse as required by health authority policy.
6. Forward all **original** receipts together with copy of credit card statement (**with card number and other purchases blacked out**) to:

Bonnie Kong
Burrard Building Room 444
1081 Burrard Street
Vancouver, BC, V6Z 1Y6

Request for reimbursement must be submitted within 3 months of the funded education event or funding may be forfeited.

Signature of Applicant: _____ Date: _____

I endorse this Application
Signature of Patient Care Manager: _____ Date: _____

NB. PCM signature does not guarantee leave to attend. This must be determined AFTER the application process is complete.

NB. Non-Contract Staff – contact Program Director re funding approval – form completion is not required

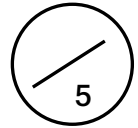
Major Annual Conferences for 2019:

| Conference | Location | Dates | Deadline to submit application |
|--|--------------------|-----------------------|---------------------------------------|
| International Society for Heart and Lung Transplantation | Orlando FLA | April 2019 | January 26, 2019 |
| Heart Rhythm Society | San Francisco,, CA | May 8-11 2019 | February 15, 2019 |
| Transcatheter Valve Therapies (TVT) | Chicago, IL | June 12-15, 2019 | March 29, 2019 |
| Canadian Cardiovascular Congress | Montreal, QC | October 24-27, 2019 | July 19, 2019 |
| Transcatheter Cardiovascular Therapeutics (TCT) | San Francisco, CA | September 25-29, 2019 | July 19, 2019 |

1. This table is not exhaustive of all the conferences that are available for HCP.
2. Although this table will be updated regularly as conference information comes available, it is at the applicant’s discretion to confirm all information is up to date.
3. If you are applying for a conference that is not listed here, please note that the deadline is 8 weeks (2 months) before the early bird registration deadline.

Employee Information:

| | | |
|--|--|--|
| Name: | | |
| Professional title: | | |
| Dept: | | |
| Heart Centre start date: | | |
| Status: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Casual | | Start date: Hours work in the past 12 months: |
| Home Address (reimbursement cheque requires home address) | | Street: |
| | | City: _____ Province: _____ |
| | | Postal Code: _____ |
| | | Email Address: _____ |



Event Information:

| | |
|----------------------|--|
| Event Name: | |
| Event Location: | |
| Date: | |
| Web link of program: | |

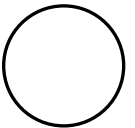
Event Expenses: please list in Canadian funds

| | |
|--|--|
| Early bird member registration fee: (include copy of registration form) | |
| Lowest air fare: (include a quote) | |
| Accommodation: (total room rate ÷ # of people staying in room) *please refer to page 1, point #3 | |
| Travel to and from airport: (estimate) | |
| Grand total: (Canadian funds only) | |

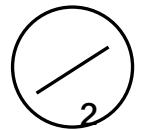
Contributions to the Heart Centre community:
describe your professional engagements over and above your usual work duties

Examples of relevant community & professional engagement may include: unit “super user”, unit champion, link nurse, community liaison, committee work, publications, participating in peer review processes, quality improvement or research projects, abstract submission endeavors, structured teaching (in-service, webinar, workshop), or leading an initiative (1 point each example)

| Dates | Examples |
|-------|----------|
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Relevance to your work: Please describe how this conference is relevant to your professional work in the Heart Centre



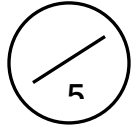
Abstract submission: Please tick all applicable boxes

- Abstract submitted (acceptance not required)
- Abstract attached to this application (required)

- First author (attached copy of abstract should indicate first authorship)
- Co-author (attached copy of abstract should indicate all co-authors)

- Lead presenter on **accepted** abstract

- Presentation reviewed (or is planned for review) with an academic mentor
 Name of mentor: _____

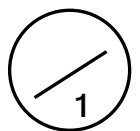


Current Event Funding Disclosure: Please tick all applicable boxes

- I have requested funding from another source
 Name of funding source: _____
 Amount: _____
- I have no access to funding from another source
- I understand all funds obtained from other sources must be disclosed and included in the total funding amount.**

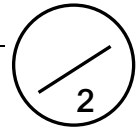
Previous Event Funding Disclosure: describe funding received within the last 3 years

| Date | Event | Amount/ source | How did you disseminate what you learned? |
|------|-------|-------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |



Dissemination Commitment

Describe your plan to disseminate information from this event to your unit or program within 3 months following the conference



Scoring Criteria used by Funding Committee: quorum is 3 committee members

Employment Information = possible 5 points

Seniority:

- < 2 years HC = 0 points
- ≥ 2 years = +1 points
- ≥ 5 years = +2 points

Hours Committed:

- F/T = +3 points
- P/T = +2 points
- Casual = +1 point (if > 600 worked hours in the last 12 months)

Employee Engagement = multiple points if examples meet criteria

- No examples: subtract, -1 point
- Each concrete example: add, +1 point (vote needs to be unanimous)

Relevance to work

HCPDFC determination of relevance and allocation of scoring must be unanimous

- No relevance: The applicant has not shown any evidence that the conference is relevant to their practice and/or it is obvious that the conference is not relevant: 0 points
- Highly Relevant: The applicant documents that the conference is relevant to their practice: +2 points

Abstract submission:= abstract copy required to score application (possible 5 points)

- First author or co-author of submitted abstract = +2 (acceptance not required)
 - Lead presenter on accepted abstract = +3 (first author decides)
- (Note to First Author: If your funding is not approved, be prepared to send an approved co-author)

Previous Funding Disclosure and dissemination= possible 1 point

- If funded from any source within the last 3 years, -4 points
- If funded within the last 3 years, concrete examples of dissemination must be provided. For concrete examples of dissemination, +4 points
- If no funding received within the last 1 year, +1 point

Current plan for funded conference dissemination: possible 2 points

- Not convincing: The applicant has not shown any evidence that they will share their learning with the HC community, 0 points
- Very convincing: The applicant demonstrates that they will learn and grow in their own practice, will share the information with others and identifies exactly how they plan to do this, +2 points

Heart Centre Professional Development Funding Committee

Application checklist

DO NOT SEND APPLICATION UNTIL ALL ITEMS ON CHECKLIST ARE ATTACHED AND SUBMIT THIS CHECKLIST WITH YOUR APPLICATION.

(If any items are missing from this list, your application will be returned to you)

- APPLICATION RECEIVED BY SPECIFIED DEADLINE (see page 2) OR AT LEAST 8 WEEKS BEFORE START OF THE CONFERENCE
 - If submitted less than 8 weeks, please state reason why

- COPY OF PROGRAM INCLUDING REGISTRATION FEES (including title, date, location and sessions)
- COPY OF QUOTE FOR TRANSPORTATION (from carrier, travel agent or internet)
- COPY OF QUOTE FOR ACCOMMODATION (from hotel, conference program or internet)
- COPY OF NOTIFICATION OF ABSTRACT ACCEPTANCE (if applicable)
- COPY OF ACCEPTED ABSTRACT (if applicable)
- IF YOUR ABSTRACT WAS NOT ACCEPTED, A COPY OF THE LETTER FROM THE ORGANISERS (even unaccepted abstracts improve your chances of funding)
- PATIENT CARE MANAGER ENDORSEMENT

NB. Approval of application by the committee does not mean approval of LOA. This must be done through the usual channels by the applicant once funding approval is confirmed.

Please mail your application to:

Bonnie Kong
St Paul's Hospital
Burrard Building Room 444
1081 Burrard Street
Vancouver, BC, V6Z 1Y6
bkong@providencehealth.bc.ca