



The Stroke Network of Southeastern Ontario has established a Professional Education Fund to support the development of clinical skill and expertise of clinicians working in stroke care across the continuum. Clinicians may apply for funding when alternate funding sources are not available (e.g the individual’s employer, RNAO etc). Eligible clinicians include physicians, nurses, allied health professionals, rehab assistants, personal support workers within South Eastern Ontario. Funding is available for educational opportunities offered within the fiscal year (April 1 – March 31).

These funds are intended for out of pocket expenses for individuals only, and are not intended for salary replacement. **Please note that the Application for Continuing Education Funding cannot be used to support attendance at the Canadian Stroke Congress, or other national/ international stroke conferences.**

Eligibility Criteria:

- Applicant currently delivers stroke care services within the publicly-funded health care system
- Education event is relevant to the stroke population
- Stroke best practices are reflected in the program content
- There is a clearly documented plan for the applicant to share learnings as appropriate
- Applicant’s manager is in support of the educational opportunity

Funds are primarily to be used to cover course tuition, however additional expenses such as travel and accommodation will be considered, in accordance with the KHSC Travel Policy (guidelines in chart below). Eligible expenses will be evaluated on an individual basis and will be dependent upon established criteria and available dollars. The maximum amount of funding per applicant is \$750 in one fiscal year. Applications for funding above this amount may be considered as an exception.

To apply for funding, please complete the application form. Applications must be submitted /pre-approved prior to course attendance; funding is not guaranteed until your application has been reviewed, approved, and you have been notified of the decision. Applicants must pay for courses and associated expenses in advance and submit original receipts. Funding will be released once the applicant provides their Certificate of Attendance for the event and all related original itemized receipts for expenses.

Applications will be reviewed to ensure that all criteria are met, and funding amount will be at the discretion of SNSEO to ensure equitable access to funding among eligible applicants. Applications will be reviewed as they are received, and applicants can expect to receive a reply within 2 weeks

Category	Reimbursement Details
Travel	Basic economy fares will be reimbursed for travel by train/air. If travelling by car, reimbursement will be provided at a rate of \$0.50/ km. The reasonable use of taxis is permitted.
Accommodation	Nightly accommodation charges (pre-tax) up to \$250.00
Meals	\$15 for breakfast, \$25 for lunch, \$40 for dinner. Original itemized receipts are required, no reimbursement will be made for alcoholic beverages.
Parking	Costs incurred are eligible for reimbursement with original receipt.
Other	No expenses deemed to be of a personal nature will be reimbursed.

Expense reimbursement requests should be submitted within 30 days of completion of the funded education opportunity. Original receipts are required (i.e. credit card receipts and/or statements are not acceptable). Incomplete, late, or inadequately supported requests will be returned and/or denied. All amounts should be reflected in Canadian dollars.

Section 1: Your Details	
Your contact Information	
Name	
E-mail	
Phone	
Mailing address <i>Reimbursement cheque will be sent here</i>	
Professional Details	
Role/Position	
Organization	
Area of practice	<input type="checkbox"/> Pre-hospital <input type="checkbox"/> ER <input type="checkbox"/> Acute <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Out-Patient <input type="checkbox"/> Community <input type="checkbox"/> Other _____
Is your manager in support of this educational opportunity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager's Name:  Manager's email:
If KHSC Employee, please provide employee #	

Section 2: Event Details	
Program/Educational Event Description <i>attach a copy of program if available</i>	
Title	
Description <i>web link if available</i>	
Date & Duration	
Location	
Participation	
How are you participating in this event	<input type="checkbox"/> Poster Presentation <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Attendee <input type="checkbox"/> Keynote Speaker <input type="checkbox"/> Other _____
Financial Details	
Conference/course registration fee	\$
Other associated expenses <i>Provide expense description and amount</i>	\$
Total Amount Requested	\$
Have you applied elsewhere for funding pertaining to this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, please describe...	

Section 3: Benefits

**Briefly explain how this learning or educational opportunity will:**

Benefit your stroke practice (e.g.: professional development, level of stroke knowledge)

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Benefit your organization, including colleagues

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Benefit stroke clients and their families

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**Knowledge Transfer Plan**

<p>How do you plan to share your learning after attending this event?</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Lunch and learn</li><li><input type="checkbox"/> Develop informational packet/brochure/handouts for team</li><li><input type="checkbox"/> Hands-on demonstration of skills</li><li><input type="checkbox"/> Share at team meeting</li><li><input type="checkbox"/> Teleconference</li><li><input type="checkbox"/> Written summary</li><li><input type="checkbox"/> Other _____</li></ul>
<p>When do you plan to do this?</p>	
<p>Are you willing to be a guest speaker/presenter for us in the future?</p>	<p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>

Signature:

Date:

Thank you for your application.  
Please submit your completed application to:  
[heather.jenkins@kingstonhsc.ca](mailto:heather.jenkins@kingstonhsc.ca)

<b>For Office Use Only</b>		
<b>Application Review Committee Process</b>		
<i>Applicant works in a practice setting with stroke survivors</i>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Comments</i>
<i>Applicant's manager is supportive of the educational opportunity</i>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Comments</i>
<i>Education event is relevant to the stroke population</i>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Comments</i>
<i>Program content is supported by stroke best practice</i>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Comments</i>
<i>Review of KT plan</i>	<i>Comments</i>	
<i>Committee decision</i>	<input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Not approved</i> <input type="checkbox"/> <i>Request for more info</i>	<i>If approved, amount granted:</i>

Signature :

Date: