



Southwestern Ontario Stroke Network Continued Professional Development Stroke Education Funding Application

Application Instructions

General Information: Clinicians working in stroke care within the Southwestern Ontario Stroke Network (SWOSN) Region (Local Health Integration Networks I and II) can be funded up to \$500 per fiscal year to support attendance at stroke related educational events which align with best practice. Please note that the educational opportunity must occur within the same fiscal year in order to be considered for funding. Continuing education applications will continue to be accepted until the allocated funds for that fiscal year are used up.

Group applications for learning opportunities or projects are welcome. If two or more individuals wish to participate in the same learning opportunity or project, a group application is preferred. Applications are the same as for the individual except that specific benefits for each member of the group and a clear role in sharing of the learning plan will be expected.

An application review committee reviews the funding applications. The committee will assess whether course content is supported by stroke best practice recommendations. Please note that the committee strives to ensure fair representation throughout the SWO Stroke Network Region when considering multiple applications. Final approval to fund the applicant is made by the SWOSN. The turnaround time for application review is approximately 8 weeks.

To apply for funding, please complete the application below. Applications will be accepted either before or after course attendance; however, funding is not guaranteed until your application has been submitted, reviewed, approved, and you have been notified of the decision. Applicants must pay for courses 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 detailed receipts for expenses. If preapproved funds are not used due to course cancellation or inability to attend a course, these preapproved monies will be returned to the CPD fund to be redistributed. Original receipts for costs incurred (e.g.: registration) must be received by SWOSN within four weeks of the event date unless an alternative arrangement is made.

If you have any additional questions about the Continuing Education Fund please don't hesitate to contact us at swosn@lhsc.on.ca

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		Percentage of my work day spent working with/for stroke survivors	
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 _____		
Connect with your District Stroke Manager <i>Unsure who this is? Give us a call, we will help you sort it out. 519-685-8500 x 32462</i>	DSM'S Name _____ DSM's Signature _____		

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
Have you received funding from the SWOSN in the past fiscal year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Benefits	
Briefly explain how this learning or educational opportunity will:	
Benefit your stroke practice (e.g.: professional development, level of stroke knowledge)	
Benefit your organization, including colleagues	
Benefit stroke clients and their families	
Link with the strategic priorities of the SWOSN and CorHealth Ontario (in terms of health promotion, prevention and/or patient education)	
Knowledge Transfer Plan	
How do you plan to share your learning after attending this event?	<input type="checkbox"/> Lunch and learn <input type="checkbox"/> Develop informational packet/brochure/handouts for team <input type="checkbox"/> Hands on demonstration of skills <input type="checkbox"/> Share at team meeting <input type="checkbox"/> Teleconference <input type="checkbox"/> Written summary <input type="checkbox"/> Other _____
When will you do this?	
Are you willing to:	
Share your learning with the SWOSN via our website (allowing us to post information/materials)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Be a guest speaker/presenter for us in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you for your application.
Submit your completed application to SWOSN@lhsc.on.ca

<i>Application Review Committee Process:</i>			
<i>Committee communication to DSM re: receipt of application completed on</i>			
<i>Course content is supported by stroke best practice</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Comments</i>	
<i>Course is related to Stroke</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Comments</i>	
<i>Closest Affiliated Stroke Centre</i>	<input type="checkbox"/> GBHS <input type="checkbox"/> Woodstock <input type="checkbox"/> CKHA	<input type="checkbox"/> HPHA-SGH <input type="checkbox"/> Parkwood Institute <input type="checkbox"/> HDG	<input type="checkbox"/> Goderich <input type="checkbox"/> STEGH <input type="checkbox"/> WRH <input type="checkbox"/> LHSC <input type="checkbox"/> BWH
<i>Review of KT plan</i>	<i>Comments</i>		
<i>Committee decision</i>	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Request for more info		
<i>Application Received on</i>		<i>Decision communicated on</i>	
<i>Receipts received on</i>		<i>KT plan completed on</i>	
<i>Cheque sent out on</i>		<i>File closed on</i>	