

Continued Professional Development Funding Application

General Information: The Southwestern Ontario Stroke Network (SWOSN) Continued Professional Development Fund is designed to support the advancement of stroke knowledge enhancement and translation amongst healthcare providers working in stroke care across the continuum. Healthcare providers within the SWOSN region may be eligible to receive up to \$500.00 per fiscal year to support attendance at stroke-related educational events that align with the best practice guidelines.

Application Completion Process: Applications must be completed in full and submitted electronically to SWOSN via email swosn@lhsc.on.ca. Please ensure that you have obtained a signature from your manager and/or district stroke coordinator. Funding will not be provided for approved applications until the applicant has submitted their receipts and certificate of attendance (as applicable).

Application Review Process: Applications will be accepted on an ongoing basis and will be reviewed twice per fiscal year by the application review committee (on the first business day of **July** and **February**). If there are additional funds at the end of the fiscal year an additional review period will be established and communicated. A decision will be communicated to the applicant within 3 weeks of the review date.

Additional Eligibility Guidelines: SWOSN strives to ensure equitable distribution of professional development funds. The review committee aims to support allocation of funds throughout the region and across the multi-disciplinary team of healthcare providers in stroke. Applications will be reviewed accordingly. Priority will be given to applications that:

- Differ from region-led education events / workshops
- Support education across a variety of providers
- Opportunities that align with the SWOSN Education Workplan

For any additional questions, please contact swosn@lhsc.on.ca

Section 1: Personal Details			
Contact Information			
First & Last Name			
E-mail Address			
Phone Number			
Personal Mailing Address <i>If approved, the reimbursement cheque will be sent here, please ensure accuracy</i>			
Professional Details			
Professional Designation		Percentage of work day spent working with/for stroke survivors	
Organization			
Area of practice	Pre-hospital Out-Patient	ER Community	Y Acute Y Rehabilitation Other
Manager and/or District Stroke Coordinator Signature			
Name _____			
Signature _____			

Section 2: Education Details	
Description of Event/Course/Workshop	
Title	
Brief Description	
Date & Duration	
Location	
Participation	
How are you participating in this event?	Attendee Guest Speaker Oral Presentation Poster Presentation Other _____

Financial Details	
Course Fee	\$
Additional Associated Expenses <i>Provide expense description and amount</i>	\$
Total Amount Requested	\$
Have you applied elsewhere for funding pertaining to this education?	Yes No
Have you received funding from SWOSN in the past fiscal year?	Yes No

Section 3: Knowledge Translation	
Briefly explain how this opportunity will benefit your stroke care practice. Please consider the impact on your clinical practice: including the impact towards colleagues, patients, families, caregivers, and your organization.	
How will you share your learning(s)?	Presentation Hands on Demonstration Written Summary Other _____ Develop a resource to share
How will you improve your practice after completing this learning?	
Are you willing to:	
Share your learning(s) with the SWOSN education coordinator, if requested?	Yes No
Volunteer as a guest speaker for future SWOSN events?	Yes No

Thank- you for completing the application.