



# ***The Heart Centre***

## **PROFESSIONAL DEVELOPMENT SUPPORT APPLICATION CHECKLIST FOR CONFERENCES/WORKSHOPS**

### ***DO NOT SEND APPLICATION UNTIL ALL ITEMS ON CHECKLIST ATTACHED***

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

- WEBSITE OF PROGRAM** (including title, date, location and sessions)
- REGISTRATION FEE** - Reimbursement is intended for conferences costing more than \$100.00
- QUOTE FOR TRANSPORTATION** (from carrier or travel agent)
- QUOTE FOR ACCOMMODATION** (from hotel or conference program)
- COPY OF SUBMITTED ABSTRACT** (even if not accepted, points are awarded for submission)
- COPY OF NOTIFICATION OF ABSTRACT ACCEPTANCE OR NON-ACCEPTANCE** (if applicable)
- COMPLETED APPLICATION FORM SUBMITTED MORE THAN 3 WEEKS BEFORE THE CONFERENCE DATE.**

***NB. Approval of application by the committee does not mean approval of a LOA. This must be done through the usual channels by the applicant***



# Heart Centre Professional Development Conference/Workshop Funding Request Form

## Employee Information:

**Employee Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Dept: \_\_\_\_\_ Position: \_\_\_\_\_ **FTE:** F/T \_\_\_\_\_ P/T \_\_\_\_\_ Casual \_\_\_\_\_

Heart Centre start date: Year \_\_\_\_\_ / Month \_\_\_\_\_

Home Address (reimbursement check):

\_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

e-mail address: \_\_\_\_\_

## Conference Information

**Event Title:** \_\_\_\_\_

Event Dates: \_\_\_\_\_ Event Location: \_\_\_\_\_

Website of program (title, dates, location and sessions) - WWW: \_\_\_\_\_

\_\_\_\_\_

## Heart Centre Program Benefit

Please provide brief, specific examples of how your attendance will benefit colleagues and/or heart centre department.

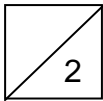
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Please describe how you have contributed to your department/program in the last 2 years?

Committee/project: participation: (please describe)\_\_\_\_\_

Champion/Superuser participation: (please describe) \_\_\_\_\_

Above the call of duty responsibilities: (please describe)\_\_\_\_\_

Other contributions: (please describe)\_\_\_\_\_

**Abstraction Submission**

**Are you the lead presenter?**

Yes\*

No

(If there are multiple presenters, the 1<sup>st</sup> author will be chosen)

If so, did you attend an Abstract Preparation Workshops  Yes

No

**Are you a coauthor in an accepted abstract?**

Yes\*

No

**Are you the first author on an abstract that was not accepted?**

Yes\*

No

**\*Requirement:** submit a copy of the abstract, clearly showing your involvement ie: 1<sup>st</sup> author, co-author... See sample...}



**Previous and Current Additional Funding**

List all **funded** meetings attended in the last 3 years (2008, 2009, 2010)

Name of Event/s	Date/s of Event/s	Location of Event/s	Funding Source

Do you have access to other sources of funding?    Yes     No

If yes, have you applied to these sources?    Yes     No

If no, why not? \_\_\_\_\_

**Reimbursement Process**

**Expenses that will be covered:**

- Registration fee at **member rate only** (late fees or memberships will NOT be paid)
- Airfare – at the cheapest rate available
- Transportation – transit, taxi, transfers
- Accommodation – presuming two people sharing a room

**NOTE: Food, entertainment, are not covered**



**Expenses requested – (In Canadian funds please!)**

**Registration fee (member rate)**

(attach copy – late fees will NOT be reimbursed):

\$ \_\_\_\_\_ (Cdn)

**Flight/Transportation (attach cheapest quote):**

\$ \_\_\_\_\_ (Cdn)

**Accommodation (attach quote) Based on shared:**

\_\_\_\_\_ nights @ \$ \_\_\_\_\_

\$ \_\_\_\_\_ (Cdn)

**Estimate of transfer costs to hotel**

\$ \_\_\_\_\_ (Cdn)

**GRAND TOTAL REQUESTED**

**\$ \_\_\_\_\_ (Cdn)**



## Request Process – PLEASE READ CAREFULLY

The Heart Centre Professional Development Funding Committee requires time to process each application. Please take this into consideration when completing the application.

**If applications are received less than 3 weeks of the conference/workshop date, we may not be able to approve due to the time constraints. It is recommended you submit your application in early. At least 3 weeks prior to the first Early bird deadline.**

1. The conference registration fee is funded only at the early bird rate.
2. Remember not all applications are successful. If the applicant chooses to pay fees early, they do so at their own risk.
3. Keep in mind that approval does **not** guarantee granting of a LOA. This must be sought via the usual channels.
4. Keep in mind that a cap will be set for conferences and claims over and above this cap must be met by the applicant.
5. Submit to Nicki Ordano – Admin Assistant – HC Funding Committee Rm B444.
6. Upon approval, pay costs, if another currency is required, it is preferable to use a credit card in order to determine exchange rates accurately. You must be able to show evidence that you paid for the expense **yourself**.
7. When all payments have been made, collect **original** receipts and a **copy** of your credit card statement (if foreign currency was used).
8. Forward all original receipts together with copy of credit card statement (**with card number and other purchases blacked out**) to Nicki Ordano at the address above.
9. **Remember.....**
  - a. Late registration penalties/submissions will **not** be reimbursed, so put your application in early.
  - b. If receipts have not been received **by 2 months after the conference**, funding will be forfeited.

If you have any questions about this process please contact Julie Carleton ([jcarleton@providencehealth.bc.ca](mailto:jcarleton@providencehealth.bc.ca)) or Nicki Ordano ([nordano@providencehealth.bc.ca](mailto:nordano@providencehealth.bc.ca)) for clarification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date