



# 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. Incomplete applicants will be returned and will not be reviewed unless complete.

1. The conference registration fee is funded at the early bird member rate.
2. All sources of funding need to be disclosed.
3. Professional development funding is for employees of the Heart Centre. Should you not have Heart Centre employment during the time of the conference, your funding may not be honored.
4. Funding is capped at 80% of the total estimated cost, or in the case of popular conferences (more than 3 applicants) a predetermined cap is set. **Reimbursement is limited** to airfare, hotel (based on shared accommodation where appropriate), early bird member registration (if member rate offered), and travel to and from airport. Claims over and above this must be **paid for by the applicant**.
5. Submissions must be received at least 3 weeks before the early bird deadline to be eligible for funding. If no early bird registration listed, please submit application 8 weeks before conference date. If neither is possible, please contact committee chair, for consideration of submitting a late application.

The HCPDF committee will meet the third week in March to review spring conference applications and the last week in July to review fall conference applications.

6. An **LOA** must be requested from your manager and is not guaranteed in the funding application process.
7. Once you have received notification of approval AND received approval for a LOA from your manager, 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 this is required by health authority policy.

8. For out of province travel, you must complete an out of province travel request (attached to checklist). Failure to complete and return this form to Rebecca Vance prior to leaving the province, places you at risk of not receiving funding.
9. If you are unable to attend the conference you have secured funding for, you must inform the HCPDF committee chair as soon as you become aware of the change in your plans. Failure to do so puts you at risk of receiving future funding.
10. Forward application package and all **original** receipts together with copy of credit card statement (**with card number and other purchases blacked out**) to:

Rebecca Vance  
Room 444 1081, Burrard Building,  
1081 Burrard Street Vancouver, BC,  
V6Z 1Y6  
rvance@providencehealth.bc.ca

**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: \_\_\_\_\_

**Note: PCM signature does not guarantee LOA to attend. This must be determined AFTER the application process is complete.**



## Heart Centre Professional Development Funding Committee

### Application Checklist

PLEASE SEND YOUR APPLICATION WITH ALL ITEMS ON THE BELOW CHECKLIST

(\*\* Note - late and incomplete applications risk not being processed)

- ☐ APPLICATION RECEIVED BY SPECIFIED DEADLINE (see page 3) OR AT LEAST 3 WEEKS PRIOR TO EARLY BIRD OR 8 WEEKS BEFORE START OF THE CONFERENCE  
\*\*If application submitted less than 8 weeks prior, please notify committee chair with rationale and request to submit a late application.
- ☐ COPY OF PROGRAM INCLUDING REGISTRATION FEES  
(including title, date, location and sessions)
- ☐ COPY (printout or screen shot) OF QUOTE FOR TRANSPORTATION  
(from carrier, travel agent or internet)
- ☐ COPY OF QUOTE (printout or screen shot) FOR ACCOMMODATION  
(from hotel, conference program or internet)
- ☐ COPY OF NOTIFICATION OF ABSTRACT ACCEPTANCE (as applicable)
- ☐ COPY OF ACCEPTED ABSTRACT (as applicable)
- ☐ IF YOUR ABSTRACT WAS NOT ACCEPTED, A COPY OF THE LETTER FROM THE ORGANIZERS  
(even unaccepted abstracts improve your chances of funding)
- ☐ PATIENT CARE MANAGER ENDORSEMENT
- ☐ OUT OF PROVINCE TRAVEL REQUEST FORM COMPLETED



Out of Province  
Travel Request form

**Note: 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, or scan your application to:

Rebecca Vance  
St Paul's Hospital  
Burrard Building Room 444, 1081 Burrard Street, Vancouver, BC, V6Z 1Y6  
rvance@providencehealth.bc.ca



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|------------------------------------|
| Annual Conferences Dates for 2024: |
|------------------------------------|

| Conference  | Location               | Dates                  | Early Bird Deadline |
|---|------------------------|------------------------|---------------------|
| International Society for Heart and Lung Transplantation      | Prague, Czech Republic | April 9-13, 2024       | February 15, 2024   |
| Heart Rhythm Society  | Boston, MA             | May 16-19, 2024        | February 6, 2024    |
| International Society of Adults with Congenital Heart Disease | Skamania, Washington   | May 28 – June 1, 2024  | None                |
| Heart Failure Update  | Montreal, QC           | May 24-25, 2024        | March 15, 2024      |
| Canadian Council of Cardiovascular Nurses Spring Conference   | Calgary, AB            | May 24-25, 2024        | TBA                 |
| Transcatheter Valve Therapies (TVT)                           | New York, NY           | June 5-7, 2024         | TBA                 |
| International Council of Nurses Congress                      | Aberdeen, Scotland     | September 9 – 12, 2024 | July 21, 2024       |
| Canadian Cardiovascular Congress                              | Vancouver, BC          | October 24-27, 2024    | TBA                 |
| Transcatheter Cardiovascular Therapeutics (TCT)               | Washington, DC         | October 27-30, 2024    | TBA                 |

1. This table is not exhaustive of all the conferences that are available.
2. Although this table will be updated regularly as conference information comes available, it is the applicant's responsibility to confirm all conference deadline information is accurate.

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



| Event Information:  |  |
|---|--|
| Event Name:   |  |
| Event Location:   |  |
| Date of Conference:   |  |
| Early bird deadline date (application must be received 3 weeks prior) |  |
| Web link of program:  |  |

| Event Expenses: please list in Canadian funds   |  |
|---|--|
| Early bird member rate registration fee:<br>(include a screenshot or printout of registration fee schedule) |  |
| Lowest air fare:<br>(include a screenshot or print out of your air fare quote)                              |  |
| Accommodation:<br>(total room rate X 50%) -- funding is based on shared accommodation                       |  |
| Travel to and from airport:<br>(estimate)   |  |
| <b>Grand total:</b><br>(estimated in 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, 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 (possibility of 1 point assigned to each example)

| Dates | Examples |
|-------|----------|
|       |          |
|       |          |
|       |          |
|       |          |
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|       |          |
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**Relevance to your work:**

Please describe how this conference is relevant to your professional work in the Heart Centre:

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**Abstract submission:** Please complete all applicable boxes

- ☐ Abstract submitted (acceptance not required) and 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: \_\_\_\_\_

**Funding Disclosure:** Please complete 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/<br>source | How did you disseminate what you learned? |
|------|-------|-------------------|---|
|      |       |                   |   |
|      |       |                   |   |
|      |       |                   |   |
|      |       |                   |   |

**Dissemination Commitment**

Describe your plan to disseminate information you learned (e.g. Nursing and Allied Health Rounds) from this event to your unit or program within 3 months following the conference.

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**Scoring Criteria used by Funding Committee:** quorum is 5 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 (maximum of 5 points)**

- 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: copy of abstract 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



How you want to be treated.

## OUT OF PROVINCE TRAVEL REQUEST FORM

1. Date: \_\_\_\_\_  
(M/D/Y)
2. Employee Name: \_\_\_\_\_  
(LAST, FIRST)
3. Employee No.: \_\_\_\_\_  
(6 Digits)
4. Department No.: \_\_\_\_\_  
(8 Digits)
5. Site No.: \_\_\_\_\_  
(3 Digits)
6. Date(s) of Trip: \_\_\_\_\_ through \_\_\_\_\_  
(M/D/Y) (M/D/Y)
7. Destination: \_\_\_\_\_
8. No. of Days Away: \_\_\_\_\_
9. Method of Travel: \_\_\_\_\_
10. Purpose of Trip: \_\_\_\_\_
11. Funding Source: \_\_\_\_\_  
If applicable, please provide details of funding.

|                              |           |
|------------------------------|-----------|
| Employee Name (Please Print) | Position  |
| Signature                    | Telephone |

|                                    |           |
|------------------------------------|-----------|
| Manager's Name                     | Position  |
| Signature                          | Telephone |
| Senior Leadership Team Member Name |           |
| Authorized Signature               |           |

Please provide all information above and obtain signature of Senior Leadership Team member prior to travel. Completed form is to be attached to your expense claim.