



***The National Association of PeriAnesthesia Nurses of Canada (NAPAN®)***

## **NAPANc Educational Funding – Application Form**

**Purpose:** This form will be used for all requests for individual education funding to assist PeriAnesthesia nurses in obtaining continuing education. Funds requested will help to offset costs associated with this education that are not covered via other sources of financial aid secured by the member submitting this request. Educational opportunities must fall within the funding period to which they are applying.

**Eligibility:** All PeriAnesthesia nurses who are current active members within their provincial association and NAPANc.

**Deadlines:** All applications must be received by end of day on one of the dates listed below. When the date falls on a weekend or holiday, applications must be received no later than 0900 on the first business day following the deadline. Late or incomplete applications will not be accepted.

	Call Date	Deadline	Funding Period
Call 1	January 1	February 15	April 1 to June 30
Call 2	April 1	May 15	July 1 to September 30
Call 3	July 1	August 15	October 1 to December 31
Call 4	October 1	November 22	January 1 to March 31

### **Process:**

- Completed applications are submitted to the NAPANc Executive at [info@NAPANc.ca](mailto:info@NAPANc.ca)
- The executive will meet to review the applications to determine appropriateness of educational opportunity related to PeriAnesthesia nursing and determine the amount of financial aid to be allotted to each request.
- NAPANc has allotted \$1000 per quarter for funding requests. Monies not used within the current funding period will be carried over to the following one. Amounts available per funding period will be reassessed on an annual basis.
- NAPANc Executive will inform the member of successful or unsuccessful application for funding once determined.
- Funds will be distributed to the member requesting the funding upon successful completion of the course attended/ taken. Proof of attendance/successful completion will be required to be submitted to the NAPANc Executive at [info@NAPANc.ca](mailto:info@NAPANc.ca)

<b>Member Details</b>			
<b>Name</b>			
<b>Home Address</b>			
<b>Home Phone</b>		<b>Cell Phone</b>	
<b>Email</b>			
<b>Provincial Association</b>			
<b>Place of Employment</b>			
<b>Area of Work</b>			

<b>Educational Opportunity</b>	
<b>Name of Educational Opportunity</b>	
<b>Date of Educational Opportunity</b>	
<b>Brief Description of the Opportunity</b>	
<b>How will this educational opportunity enhance your PeriAnesthesia nursing career?</b>	

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<b>Funding Requested</b>			
<b>Registration Fee/Course Cost</b>	<b>CAN \$</b>		
<b>Associated Materials (if required)</b>	<b>CAN \$</b>		
<b>Amount of other secured funding</b>	<b>CAN \$</b>		
<b>Total Funding Requested</b> (minus secured funding)	<b>CAN \$</b>		

<b>Previous Funding Requested/Secured</b>			
<b>Have funds for this educational opportunity been requested from other sources?</b>			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>If yes, please specify from WHERE, WHOM and the AMOUNT.</b>			
Where:	Whom:	Amount:	
<b>Have these funds been secured?</b>			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

<b>Have you received any funding for education endeavours from NAPANc within the last 5 years?</b>		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>If yes, please specify the AMOUNT and YEAR that you last received funding.</b>		
Amount:	Year:	

**For Completion by NAPANc Executive**

<b>Is this educational opportunity relevant to PeriAnesthesia Nursing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is NAPANc able to provide financial support to this member?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total funds to be allocated to member for this educational opportunity:</b>	<b>CAN \$</b>
<b>Has member been made aware of successful or unsuccessful application?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has member provided proof of attendance or successful completion?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date Cheque mailed to member:</b>	

<b>NAPANc President or Executive Delegate:</b>	
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<b>Date (mm/dd/yyyy):</b>	
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