



National Association of PeriAnesthesia Nurses of Canada

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 currently active members within their provincial PeriAnesthesia Association and NAPANc.
- The educational activity must be linked to the continuation of pertinent PeriAnesthesia Nursing Care

Deadlines: All applications must be received by 1600 hr on one of the dates listed below. When the date falls on a weekend or holiday, applications must be received no later than 0900 hr on the first business day following the deadline. Late or incomplete applications will not be accepted.

Funding Period		Deadline to Apply
Period 1	April 1 to June 30	July 31
Period 2	July 1 to September 30	October 31
Period 3	October 1 to December 31	January 31
Period 4	January 1 to March 31	April 30

Process:

- Completed applications are submitted to the NAPANc Executive at info@NAPANc.ca •
The executive will meet to review the applications, determine the appropriateness of the educational opportunity related to PeriAnesthesia nursing, and allot the amount of financial aid 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. The amounts available per funding period will be reassessed annually.
- A member may be allotted a maximum of \$1000 per fiscal year (April 1st to March 31st).
 - The NAPANc Executive will inform the member of successful or unsuccessful applications for funding once determined.
- Funds will be distributed to the member requesting the funding upon successful completion of the educational activity and proof of attendance will be required to be submitted to the NAPANc Executive at info@NAPANc.ca

Member Details			
Name			
Home Address			
Home Phone		Cell Phone	
Email			
Provincial Association			
Place of Employment			
Area of Work			

Educational Opportunity	
Name of Educational Opportunity	
Date of Educational Opportunity	
Brief Description of the Educational Opportunity	

How will this educational opportunity enhance your PeriAnesthesia nursing career?

Describe your participation in perianesthesia activities (hospital, provincial, or national levels)

Funding Requested

Registration Fee/Course Cost	CAN \$
Associated Materials (if required)	CAN \$
Amount of other secured funding	CAN \$

Total Funding Requested (minus secured funding)	CAN \$		
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Previous Funding Requested/Secured

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

Have you received any funding for education endeavours from NAPANc within the last 5 years?		Yes No
If yes, please specify the AMOUNT and YEAR in which you last received funding.		
Amount:	Year:	

For Completion by NAPANc Executive

Is this educational opportunity relevant to the continuation of pertinent PeriAnesthesia Nursing?		Yes No
Is NAPANc able to provide financial support to this member?		Yes No
Total funds to be allocated to member for this educational opportunity:		CAN \$
Has the member been made aware of a successful or unsuccessful application?		Yes No
Has the member provided proof of attendance or successful completion?		Yes No
Has the member provided proof of payment?		
Date Cheque mailed to member:		

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

