

NURSING PROFESSIONAL DEVELOPMENT GRANT REQUEST FORM

Criteria

1. Grants must be requested PRIOR to the conference. Requests received after the conference will not be considered.
2. The individual must be a Registered Nurse and must use the grant monies to benefit the delivery of care at Edward Hospital and Health Services
3. The manager must assess the appropriateness of the learning experience.
4. The educational event must grant nursing continuing education (CE) credit.
5. The cost per contact hour must be reasonable based on the Chicago-area market.
6. Support will be provided only for education that is not available at Edward. For example, no funding will be approved for a Basic EKG class because that course is offered at Edward.
7. Total grant support for an individual RN during fiscal year (July to June) will be prorated based on employment status as follows, for certified RNs applying for increased grant amount please attach copy of certification:
 - Full Time Certified = \$750
 - Full Time = \$500
 - Part Time Certified = \$375
 - Part Time = \$250
 - PRN Certified = \$150
 - PRN = \$100
8. Grants may be requested to cover the cost of a seminar or conference, materials, travel, meals and lodging (for conference 75 miles or more from home) only after the department budget for education for this individual has been depleted. Combining funding (e.g., covering the cost of a seminar with both department funds and professional development funds) is acceptable.
9. Grant requests will be considered in the order of the date of application.
10. Individual grants will be paid after the seminar is completed and all requirements have been met. Prior to payment, the following documentation is needed:
 - A copy of your certificate of attendance
 - Receipt of payment (must be canceled check image from the bank or copy of credit card statement from the bank. You may white out all other transactions. Please do NOT use any highlighter on the statement.)
 - Your formal acknowledgment to send to the Medical Staff thanking them for this opportunity
 - A report of how you have shared your learning experience with co-workers at Edward
11. RNs who do not submit documentation within 60 days of attending the conference/seminar will forfeit their grant support.
12. Requests that are covered by Human Resources Tuition Reimbursement are not eligible for grants. For example, tuition is not covered by the Professional Development Grant.

GRANT APPROVAL REQUEST FORM

Note: after approval you will be sent a reimbursement request form by Peg Cross

Applicant Instructions:

In completing the application below, the applicant agrees to comply with the Nursing Professional Development Grant criteria.

Please complete the following and forward the application to your manager.

Name:	Emp. ID #:
Unit:	
Ext.:	
Employment Status (FT, PT, PRN)-:	
Manager Name:	
Date of Seminar/Conference:	
Seminar/Conference Name:	
Amount of Funding Requested:	
Address for Check:	

- I am sending this request PRIOR to event attendance
- I have attached a copy of my certification if higher level of support is requested

Employee Signature: _____

Manager Instructions

Please complete the following and forward this request to Margaret Cross, Nursing Administration. Approvals/Denials will be sent to the manager and employee

- I confirm that department funding for this individual has been exhausted
- I confirm the appropriateness of the education
- I confirm that this individual will share her/his learning with other colleagues and that I will support this nurse's efforts

Manager's Signature

Date