DR. DAVID AND ZIVIA ANNE MELTZER
NURSING PROFESSIONAL DEVELOPMENT FUND

CALL FOR APPLICATIONS

BACKGROUND

Administered annually to nurses, or to support nursing development initiatives that contribute to the achievement of organizational and/or nursing priorities.

- Tuition associated with university or community college courses
- Research expenses
- Other appropriate nursing development expenses
- Group or Team development

ELIGIBILITY

Courses or programs must be underway or completed in the current calendar year. Preference will be extended toward first-time applicants.

APPLICATION PERIOD

A call for applications is extended annually in March. Successful applicants will be presented with their award during Nursing Week.

APPLICATION PROCESS

1. Obtain an application form from the Intranet (Patient Care Resources, Nursing the Net, Nursing Awards or Educational Funds under ODLS Intranet site) or request an application form from Mary Nolan, ext. 65700, Room E2-144, St. Joseph's Hospital.

2. Briefly outline your learning development goals and target date for completion.

3. Submit the application form to:
   Mary Nolan, Room E2 –1 44, St. Joseph's Hospital
   By: 1600 hrs. Friday, April 25, 2008

4. The award will be determined by a panel of nurses using an eligibility and rating tool, and presented during Nursing Week.

5. Funds will be awarded with proof of course registration, education and/or development costs.

6. Applicants must submit an **official receipt of payment** at the time of submission or within one year. A cancelled cheque, credit card statement, unstamped bill, etc. is not acceptable as proof of payment.

If you require further information, please call Mary Nolan, ext. 65700.

APPLICATION FORM

DR. DAVID AND ZIVIA ANNE MELTZER
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Please complete the following sections and submit to Mary Nolan, Rm E2- 144 St. Joseph's Hospital **by 1600 hrs. April 25, 2008**

NAME: _____ HOME PHONE #: _____

POSITION: _____ SITE:_____

DEPARTMENT: _____ EXT: _____

EMPLOYMENT HISTORY AT ST. JOSEPH'S HEALTH CARE:

1. _____ FROM: _____, 19___ TO ___, 200___, STATUS: _____

EDUCATIONAL SUPPORT IS REQUESTED FOR THE FOLLOWING PROGRAM/COURSES:

I will be attending _____, commencing _____, 200___,
(Name of Institution and Course)

in the _____program.

Instructor or Speaker (if known)
_____

Please indicate amount of funds requested. Attach official receipt or indicate when this will be forwarded.
Expenses incurred with course/program: (Please list each expense and provide a total amount).

Program Fee/Tuition _____

Travel Cost _____

Accommodation Expenses _____

Books/Materials Expenses _____

Research Expenses _____

Total Expenses _____

Have you received an award from this fund previously?

Yes _____ NO _____ If so, when? _____

If so, how much were you awarded previously? _____

In 100 words or less, please identify how this education/development opportunity will assist in achieving organizational and/or nursing priorities.

By signing below, you are agreeing to reimburse St. Joseph's Health Care London for the amount of the bursary if, for any reason, you do not complete the course that is being subsidized.

An official receipt for proof of payment MUST be attached to the application form or provided within one calendar year.

Applicant Signature

Date