

## EDUCATION FUND GUIDELINES

The Manitoba Chapter of CACCN annually allocates funds to promote professional development and financially support members attending short-term critical care educational sessions. At the discretion of the Education Fund Committee, funding will be awarded to those seeking critical care CNA certification, or those attending critical care workshops or conferences. Funding covers costs such as tuition, registrations, flights and airport shuttle. The Education fund does NOT cover personal costs such as food and entertainment. To ensure equitable distribution of funds, applicants are required to identify all alternate funds applied for or received to their CACCN education fund request.

### ***Process:***

Applicants must be members of the Manitoba Chapter for a **minimum of two years** prior to the application date. The funding approval and amount dispensed will be determined by the Education Fund Committee using the merit points system as a guide. All applications must be **received prior** to the education session. **Original receipts** must be submitted within 30 days following the session (photocopies are NOT accepted).

Successful applicants are required to submit an article on the educational session attended for the newsletter before funding is dispensed.

### ***Article:***

The article must be submitted **within 60 days** of the event for which funding have been approved. The article should be a minimum of two double spaced typed pages (no more than three) and meet the Newsletter submission guidelines.

### **MERIT POINTS SYSTEM AWARDED AS FOLLOWS:**

	Points
CACCN Membership	10/ yr
Current CNA Certification in Critical Care	15
<b><u>Points accrued below will revert to zero once funding is received:</u></b>	
Attendance at Chapter/National Annual General Meeting(s)	15/meeting
Attendance of Chapter workshop(s)	10/workshop
Attendance of Edge of Excellence Conference(s)	25/conference
Attendance at Dynamics Conference(s)	25/conference
Chapter Executive Member	40/year
Chapter Contact Person	10/year
Member of the Planning Committee for Edge of Excellence	25/year
Chapter Newsletter submission in the last 12 months (excluding Executive Reports & submissions related to Education Funding)	15/submission
CACCN Presenter at Chapter or National Conference(s)/Workshop(s)	50/presentation
CACCN Poster presentation at National Conference(s)/Workshop(s)	10/presentation

Funding will be awarded in **June** and **November** annually.

**Mail applications to:** Education Fund  
Manitoba Chapter, CACCN  
P.O. Box 2236  
Winnipeg, Manitoba R3C 3R5

## CACCN Manitoba Chapter - Education Fund Application Form

**Personal Information:**

Application date: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Employer/department: \_\_\_\_\_

**Education Session Information:**

Education session/workshop title: \_\_\_\_\_  
 Location: \_\_\_\_\_ Date(s): \_\_\_\_\_ Tuition: \_\_\_\_\_  
 How does this apply to your current critical care practice? \_\_\_\_\_

**Funding Request Information:**

Funding amt requested: \_\_\_\_\_ Funding request usage (tuition, CNA exam, airfare): \_\_\_\_\_  
 Have you received past chapter funding? Yes  No  → Indicate date & funding amt received: \_\_\_\_\_  
 Have you *applied* for alternate funding? Yes  No  → Indicate funding source & amt requested: \_\_\_\_\_  
 Have you *receive/ been approved* for alternate funding? Yes  No  → If yes, how much: \_\_\_\_\_

Merit Point Activities	Point System	Accrued Point	Name & date of activity
CACCN Membership	10/ yr		
CNA Certification in Critical Care	15		*attach copy of certificate
Attend Chapter/National AGM(s)	15/meeting		
Attend Chapter workshop(s)	10/workshop		
Attend Edge of Excellence Conference(s)	25/conference		
Attend Dynamics Conference(s)	25/conference		
Chapter Executive	40/yr		
Chapter Contact Person	10/yr		
Member of the Planning Committee for Edge of Excellence	25/yr		
Chapter Newsletter submission in the last 12 months	15/submission		
Presenter at CACCN Chapter or National Conference/Workshop	50/presentation		
Poster presentation at a CACCN National Conference	10/presentation		
<b>Total Accrued Points</b>			

\* Applicants may be asked by the Education Fund Committee to provide proof of the merit activities listed

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For Education Fund Committee only***

Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_  
 Approved  → amount \_\_\_\_\_ Not Approved  → reason: \_\_\_\_\_  
 Signature of CACCN Chapter Education Fund Chair: \_\_\_\_\_

