

EDUCATION GRANTS

SALPN is responsible to protect the public through the regulation of the LPN Profession. Commitment to life-long education is a regulatory requirement of all practicing LPNs. Education is fundamental for the practitioner transition from novice to expert. Therefore, the SALPN is designating funds to groups or networks of Licensed Practical Nurses for the purposes of education.

PURPOSE OF EDUCATION GRANTS:

To support or supplement the cost of delivering education in a localized area for the purpose of, enhancing the knowledge, skill, ability and judgment of LPNs and other health care practitioners.

Examples of applicable uses include:

- Education Days
- Lunch and Learn Sessions
- Presentations
- Workshops
- Webinars; requiring group subscription

Examples outside of the accepted criteria:

- Staff Functions
- Individual Tuitions
- Professional Advocacy Efforts

GRANTS WILL BE APPROVED BASED ON THE FOLLOWING PRINCIPLES:

- The education will benefit a group of health care practitioners, including LPNs;
- The education will contribute to the provision of safe, competent, ethical care;
- Submission of attached application form meeting the established criteria.

***All approved grants will be subject to the availability of funds. Upon approval and activity completion, group(s) may be required to submit a report summarizing their progress, potential next steps, associated expenditures & revenues, as well as any other related information as requested (minutes, etc.).**

Application Form

Saskatchewan Association of
Licensed Practical Nurses
2208 E Victoria Avenue. Regina, SK S4N 7B9
info@salpn.com



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Section A - Personal Information

<i>First</i>	<i>Last</i>		
<i>Street Name</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<i>Contact Phone Number</i>	<i>Email Address</i>		

Section B – Event Information

Name of Funding Recipient

<i>First</i>	<i>Last</i>		
Names of all attending:			

Education/Event Information

Nature and Description of Proposed Event

Date of Event	Location of Event	
Number of Anticipated Attendees	Anticipated Total Cost	Requested Amount
How will the intended education contribute to the provision of safe, competent and ethic care?		

Section C – Compliance Declaration

In the event funds are provided:

I understand that as a regulated professional, I am accountable to the SALPN and accept my ethical obligation to ensure any funds provided will be utilized for the intended purposes as declared in this application process. I also acknowledge that any misappropriation of funds could result in the finding of professional misconduct.

Your signature - consenting to the above terms and conditions

MM/DD/YYYY

Scan completed and signed application to info@salpn.com
