



St. Paul's Hospital & Foundation

Professional Development Fund Application Form

☐ A signed Request To Attend (RTA) form has been submitted with this application form

Applicant Information:

Name: _____ Position: _____ Date: _____

Professional Development Opportunity:

Please describe the professional development opportunity in a short paragraph, including details on the following:

- How the professional development opportunity impacts patient outcomes, experience, or safety
- The skills/knowledge you are hoping to obtain or develop
- How does this opportunity align with the SPH&F strategy
- If this opportunity is related to care or service that will be new to the province
- What is your plan for knowledge transfer following completion of the opportunity

Funding:

☐ Unit or Program funding application complete

List the amount approved: _____

☐ Other funding sources applied to (please list):

<u>Source</u>	<u>Amount</u>	<u>Approved</u>	<u>Pending</u>
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Commitment:

In receiving these funds, I agree to:

- ☐ Deliver an Impact Statement within 30 days of completion of the professional development opportunity to SPHF and to oluwatosin.rotimi-aina@saskhealthauthority.ca
- ☐ Provide clinical knowledge translation in my program/unit, arranged with my program Manager
- ☐ Apply updated or new clinical skills, including the development and/or refresh of SHA Clinical Standards
- ☐ Provide a copy of actual expenses (receipts) to oluwatosin.rotimi-aina@saskhealthauthority.ca
- ☐ Submit approved expenses as per my normal expense claim process

Please submit the completed application form to oluwatosin.rotimi-aina@saskhealthauthority.ca