

FRIENDS OF NURSING APPLICATION

INTRODUCTION:

Funds awarded by the Friends of Nursing Committee is for the purpose of assisting INTEGRIS RNs & LPNs employed in the acute care setting to attend and/or present at local, state, regional, national and international **nursing** continuing education conferences. The Friends of Nursing program is supported through both operational funds and through the generosity of the Volunteer Auxiliary, physicians, patients, patient families and other concerned customers.

APPLICATION REQUESTS WILL BE CONSIDERED FOR:

1. Criteria for eligibility includes RN or LPN employed at an INTEGRIS acute care hospital for at least one year.
2. Funds are awarded on a prospective basis only.
3. Awards are made to staff employed by the respective sponsoring facility based on that facility's funding source.
4. Applicants must demonstrate the value and relevance of their request. Decisions will be based on the following considerations:
 - Congruence with INTEGRIS mission and goals
 - Congruence with service line and unit goals
 - Congruence with the unit patient population needs
 - Availability of course or information internally or locally
5. Applications submitted after the published deadline may not be considered.
6. Funds are allocated based on cyclical demands and funds may vary at different times of the year. Funds may be apportioned to balance the cyclic demands of the profession, based on the committee's discretion.
7. Preference is given using the following criteria:
 - Applicants who have not attended a National Continuing Education (CE) conference in the past 12 months
 - Applicants who will be providing an oral or poster presentation at the conference
 - Applicants requesting funds to attend a local or state CE conference
8. Appeals of funding decisions will be directed to the committee chair and addressed by the committee.
9. Applicants may only receive FON funds once per fiscal year.
10. When several applicants are applying for FON assistance to attend the same CE conference:
 - Priority will be given to applicants who
 - Did not receive funds the previous fiscal year
 - Are active in ACE-Flex, INTEGRIS committees, professional organization, etc.
 - Department directors who have more than one applicant for the same conference may be asked to prioritize participants or share maximum disbursement with all participants within that department
11. Eligible expenses include:
 - Registration fee at the professional membership rate (if applicable) and early-bird rate (if applicable)
 - Travel expense for airfare and hotel for each conference day (not including pre-conferences). Hotel will **not** be provided for the night following the conclusion of the conference. If more than 1 person of the same sex is attending the conference, room rate will be based on a shared room (2 per room) at the hotel with the best rate
 - Hotel will not be included for in-state conferences
12. Maximum award for out-of-state conferences is \$1,500

APPLICATION PROCESS:

Send completed application to:

Judy Blalock, Education Specialist
3400 NW Expressway, Suite 602, Oklahoma City, OK 73112
Interdepartmental Mail # 100-7377

Attach a copy of the brochure with dates, locations and projected expenses to be considered.
Include a completed recommendation form from your department manager by the deadline date.

The application, along with seminar / workshop information will be forwarded to the Friends of Nursing Committee members for review. Based on the facility the applicant may be contacted for an interview date and time. **If you cannot attend the interview due to circumstances that cannot be avoided, your manager may attend on your behalf, otherwise, your application will be considered incomplete and will not be reviewed.**

Applicants and their managers will be contacted by **Judy Blalock** regarding funding awarded. **To schedule travel arrangements, please contact your Administrative Director, Administrative Assistant, or your Department's Clinical Director. If you have any questions, please contact **Judy Blalock** at (405) 552-0972.**

Upon return from the conference:

- an expenditure report with all required receipts must be submitted within 5 days
- an exemplar of how you shared the information you learned at the event (inservice sign in sheet, poster presentation to coworkers, etc) This should take place within 90 days of the conference attendance
- a Thank You card should be written and submitted to the Friends of Nursing sponsors

****Please plan to submit your application with adequate time to book travel (at least 2-3 months prior to conference date).**

****Application Deadlines are First of Each Month.**

Friends of Nursing Continuing Education Grant Application

Personal Information:

Name _____ Employee ID # _____

INTEGRIS Email: _____

Address _____ City/State/Zip _____

Home or Cell Phone _____ Work Phone _____

Campus: _____ Department Name/Cost Center: _____

Position/Title _____ Supervisor/Clinical Director _____

Status: ___FT ___RPT ___OPT # of hours worked per week _____

Length of Employment with INTEGRIS _____

SEMINAR INFORMATION

***Attach brochure or copy of brochure to this application.**

Seminar Title: _____ **Location** _____

Date(s) of Seminar: _____ Will you be presenting? Poster _____ Presenter _____

Purpose for your attendance: _____

Professional Advancement Activities in which you are an active participant (ACE, UBC, Committees, etc)

How will you benefit from attending this educational offering? _____

How will INTEGRIS Health benefit from you attending this offering? Which Pillar of Excellence does this impact? Please describe how you plan share the information you bring back with your colleagues (In-service, Nurses Notes article, Poster presentation, etc.).

If you are only partially funded by the Friends of Nursing committee, do you still plan to attend this conference?
Yes ___ No ___

Have you previously applied for Friends of Nursing Funds? Yes ___ No ___

Were you awarded funds? Yes ___ No ___ If YES, When? (Month / Year) _____

Have you attended a CE offering outside INTEGRIS Health? Yes ___ No ___

If yes, when and where: _____

**FRIENDS OF NURSING CONTINUING EDUCATION GRANT
DEPARTMENT MANAGER RECOMMENDATION FORM**

APPLICANT NAME: _____

Applicant applying for: _____ Conference Attendance _____ Conference Presenter

Review of professional performance:

	<i>EXCEPTIONAL</i>	<i>GOOD</i>	<i>AVERAGE</i>	<i>NEEDS IMPROVEMENT</i>	<i>UNSATISFACTORY</i>
Exemplifies Love— Always Serving Others with a Caring Heart					
Exemplifies Learn— Always Striving for Excellence					
Exemplifies Lead— Always Leading by Example					
Management and Delivery of Patient Care demonstrating sound clinical judgement					
Demonstrates intentional caring and engages with patients and families					
Promotes Patient Safety and Quality measures					
Demonstrates Teamwork					
Exhibits Professionalism in Practice					

Please state why you support this employee's request to attend this educational offering: _____

If FON funds were not available for this, would your department provide financial assistance?
Yes _____ No _____

How will the department benefit from this person attending this education offering? _____

SUPERVISOR SIGNATURE: _____

DATE: _____