Continuing Education Award

This Continuing Education Award was established in 2009 to enhance access to professional development opportunities for Northern Alberta Health Libraries Association (NAHLA) members.

**Award**

Up to $200 eligible expenses for a continuing education activity + free registration to the annual TRENDS mini-conference

The funds can be put toward any type of continuing education activity that will enhance your skills as a health information professional (e.g. webinar, workshop, conference, etc.). The activity must be completed by June 30 of the following year.

**Eligibility Criteria**

* Applicants must be current full or student members of NAHLA.
* Members of the NAHLA Executive are not eligible for this grant.
* Applicants must not have received the award the previous year.
* Financial need.

**Procedures for Application**
Complete the application form below. Applications should be submitted electronically by March 1 in either PDF or Word format to contact.nahla@gmail.com. The successful applicant will be notified by April 30.

All enquiries and correspondence concerning the award should be addressed to the Vice President via contact.nahla@gmail.com.

**Other Requirements**
Within one month of completion of the approved continuing education activity, the successful applicant must:

* provide receipts for expenses related to the activity (e.g. registration fees, workshop materials, travel) to the NAHLA Treasurer. The Treasurer will disburse up to $200 to cover the documented expenses.
* provide a brief report to the NAHLA Executive about the CE activity and its benefit to you. The report will be published on the NAHLA website.

If the recipient of the grant is unable to attend the funded activity, the funds must be returned to the association.

If the activity is cancelled, the award winner must either apply the funds towards another CE program or return the funds.

**NAHLA Continuing Education Award Application Form**

***Application Deadline: March 1***

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| **General Information** |
| Applicant Name: |  |
| Position: |  |
| Affiliation: |  |
| Address: |  |
| Telephone: |  | Email: |  |

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| **Continuing Education Activity**  |
| CE Activity: |  |
| Dates/Duration of activity: |  |
| Organization/Association sponsoring the activity: |  |
| Registration fee: |  | Registration deadline: |  |
| Other expenses: (e.g., accommodation, travel, workbook, etc.) |  |
| Brief description of activity: |  |

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| Briefly describe how this activity will enhance your skills as a health information professional: |
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| Are you able to access any other funding to support your professional development? If yes, please describe: |
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Signature of applicant Date