

2024 Clinical Professional Development Award Application

The Inova Health Foundation is pleased to offer professional development and growth opportunities for Inova clinical staff interested in continuing education conferences, seminars, or re-certifications. The Foundation will offer a limited number of awards each month to individuals selected by senior leadership. *Award amounts are determined based on availability of funds and strategic priorities.*

Note: Your application will be reviewed by senior leadership and may or may not be approved for use of donated funds. Only proceed with processing any expenses once application is approved.

Application Deadline:

- Conferences - At least two months prior to the date of the conference.
- Re-Certifications - Requests need to be submitted 30 days prior to the payment date.

*Please note that it is in your best interest to apply as soon as possible.

All 2024 applications need to be submitted by **October 1, 2024** in order to be reimbursed in the calendar year.

Instructions for Clinical Professional Development Awards:

Completion of the application is not a guarantee of funding, as continuing education awards are not an employee benefit. All applicants are required to adhere to the following guidelines to be considered.

- Complete the Professional Development Award Application.
 - All fields must be completed. Please note incomplete applications will not be considered.
 - Please be sure to provide an email address you check on a regular basis as you will be contacted via email to be notified of approval.

Eligibility: All current budgeted/benefit-eligible Inova clinical staff members working full or part-time (non-PRN) are eligible to receive one professional development award per year, provided it is a valid, educationally rigorous and professional event relevant to their current area of practice.

Exceptions to one per year only when required by Inova Senior Leadership.

What is covered:

- The conference or course must offer contact hours.
- Re-certification renewal fees for career-related, ANCC-recognized certifications
- Late fees and membership fees are not covered
- If airfare is needed, it must be booked through American Express and **therefore should not appear on your expense reimbursement once approved.**

Processing Time: Senior leadership review applications on a regular basis. Decisions are emailed to each applicant (regardless of the decision) along with instructions on how to proceed.

Submission Instructions: Please have your clinical director submit your signed & completed application to your facility's Nursing Administration Office:

Questions? Email ProfessionalDevelopment@inova.org



2024 Clinical Professional Development Award Application

Please complete all fields. If there are blanks your application will not be processed:

Employee Information	
Name	Employee ID:
Email Address:	Phone Number:
Department/Unit:	Manager/Clinical Director's name:
Department Cost Center (to be used for reimbursement):	
FT or PT Employee?	Hrs/Wk:
Service Line:	Job Title:
Is this a conference or re-certification request?	

Please fill out the section related to the type of request you are submitting.

Conference Funding Request	
Name of Conference:	
Date of Conference:	Location (City, State):
Web Address:	
Is this your first conference to attend with foundation funding this year?	
Are you presenting?	Inova QI, EBP, or Research Presentation?
If presenting, completed Inova IRB Review?	Review Number:

Re-certification Funding Request	
Name of Re-certification:	
Web Address:	

Expected Expenses	
Registration / Renewal Fee:	Meals
Airfare, Mileage, or other Transportation:	Tolls
Lodging	Miscellaneous: (i.e, Baggage fees, Taxi/Uber)
Total Expected Expenses	Total Requested Funds from Inova Health Foundation:

Approved/Received Scholarships or Awards			
Additional Financial Assistance:		Have you requested your tuition reimbursement benefits toward a new certification (i.e. Edcor)?	

Explain how this conference/re-certification provides professional or clinical merit to your success as a clinician and can improve patient outcomes at Inova Health System. How will this support our strategic priorities?



Disclaimer and Signatures

By signing this application, I am confirming that I have read the application instructions and am aware of the deadlines. I have also read the travel and education guidelines and policy and understand that:

- My application will be reviewed by senior leadership and I may or may not be approved for use of donated funds therefore I should not proceed with processing any expenses until I receive approval.
- I will be expected to communicate what I have learned and provide a brief summary of the program I attended to the staff in my area.
- If my application is approved, I may not be granted the maximum award amount.
- Provide proof of attendance/certificate to the Inova Health Foundation.
- I must complete the online reimbursement of business expenses for the above costs that are deemed refundable, unless my expenses were prepaid by the organization on my behalf.

Employee’s Signature: _____ Date: _____

To be completed by employee’s Department Director/Manager:

Conference Details			
	Regular day(s) Off	PTO	Education Day
Conference will be scheduled as:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Criteria to Consider	Yes	No
Does conference meet education needs of the employee?	<input type="checkbox"/>	<input type="checkbox"/>
Does employee actively support department activities clinically and operationally?	<input type="checkbox"/>	<input type="checkbox"/>
Is the tentative event date acceptable?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any corrective action in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to above, explain:		

By signing this application, I understand:

- My signature constitutes a recommendation of the individual applying for the continuing education program described above.
- I will have to approve the employee’s online reimbursement of business expenses and time-off from work.

Clinical Manager/Director’s Signature: _____ Date: _____

APPROVALS / SIGNATURES			
Director, Nursing Outcomes/ Professional Practice Manager (If Applicable)		Date	
Senior Leader Signature* (CNO, CMO, etc.) *CNE signature required for use of INE funds.		Date	