



Edelman Nursing Excellence Continuing Education Foundation Award

A limited number of continuing education awards will be granted each month for Inova nurses. This is a *highly* competitive process. Applicants are required to propose a program to share the knowledge obtained through the conference or course with Inova colleagues. Funds for this program will be awarded as reimbursement for your early-bird, member rate registration expenses only for the conference or seminar you are attending. The maximum amount you may be awarded is \$500.

Application Instructions

In order to be considered for an award, you must submit the following:

- A completed Application
- A completed Educational Proposal

Any incomplete or inadequately completed applications or proposals will be denied.

Your application **must** also be signed by your Patient Care Director (or non-clinical equivalent) and the Chief Nurse Executive at your facility.

Education Proposal Guidelines

Because we have a limited number of awards to give out, we cannot give awards to all applicants. The application process is very competitive. In order to be considered, please be sure you fill out the education proposal completely and in clear detail. Here are some things to keep in mind when completing the proposal:

- Your educational offering must reach 80% of the staff on your unit
- Your activity should relate to more than one of the Inova Pillars.
- You must have a measurement of the outcome of your education plan. Some good ideas are evaluations, tests, quizzes, or surveys.
- You have 4 months from the date of the conference you attend to implement your proposal
- You have 2 weeks from the completion of your educational offering to report the outcomes. A form will be provided to you if you are an award recipient. It is also available for download on the Inovanet.

Due Dates: Applications must be received *at least* 2 months **prior** to the date of the continuing education program you would like to attend. **Applications must be received by the 1st of the month to be considered that month.** *Example: A May 15th conference would require an application to be submitted no later than March 15th. The committee would meet on April 15th and an award decision would be sent out by April 30th.* Early submission of applications will be notified on a rolling basis (apply early!).



Application for Edelman Nursing Excellence Continuing Education Foundation Award

Please complete the following application for an award for continuing education programs and submit, along with any other required documentation listed below, to: **Inova Institute for Nursing Excellence, Continuing Education, Cambridge Court 8110 Gatehouse Road, 2nd West, Falls Church, VA 22042**. Applications must be received *at least 2 months prior* to the date of the continuing education program you would like to attend.

ALL FIELDS MUST BE COMPLETED IN ORDER TO BE CONSIDERED:

Name: _____ Work Number: _____
E-mail Address: _____ Home Number: _____
Facility: _____ Unit: _____
Title: _____ Number of years working at Inova: _____
Director's Name: _____ Budgeted hours per **pay period** (circle one):
Director's E-Mail Address: _____ Full Time(72-80) Part Time(20-40) PRN Status D

*Please attach the Conference Brochure including date, location, and cost of conference -OR-
Valid Website Address _____

Please list any recently attended Edelman Funded conference/continuing education in the past three years (include date attended): _____

Conference or Continuing Education session you are applying for now? _____

Relevance to your area of nursing: _____

Dates of session: _____ Location of session: _____

Estimated costs: Conference Registration Fee(s) _____

Have you requested funds from your facility, either Operating Funds or Foundation Funds? (circle one): YES NO

Are you presenting at this conference? (circle one): YES NO

By signing this application I certify that all of the information included is true to the best of my knowledge. I also understand that I may not be granted the maximum award amount.

Employee Signature: _____ Date: _____

By signing this application I indicate my understanding that my signature constitutes a recommendation of the individual applying for the award described above.

Supervisor's Signature: _____ Date: _____

Chief Nurse Executive's Signature: _____ Date: _____

For office use only:

Eligible?: Y/N Complete Application?: Y/N Date Applicant Notified: _____

Date Reviewed: _____ Approved___Denied___ Amount: _____



Edelman Nursing Excellence Continuing Education Foundation Award Educational Proposal

Name: _____

Facility/Unit: _____

Phone Number: _____

E-mail Address: _____

Conference Attending: _____

Date of Conference: _____

Proposed Date for Educational Presentation (within 4 months after conference): _____

How will you share the knowledge you gain from attending this conference with your colleagues? Please include type of education session/materials (poster, PowerPoint, handouts, etc.) and a brief overview of topics you expect to cover.

Please describe your target audience, and estimated number of audience participants:

Please describe how this conference material relates to Inova Health System's Pillars:

Please describe briefly how will you measure and report the outcomes of your education plan?

Note: Your education plan outcomes must be reported to the Edelman Career Center within two weeks of the educational presentation date. Please send outcomes reports to:

By Mail at:
Edelman Career Center
8110 Gatehouse Road, 2 West
Falls Church, VA 22042

By interoffice mail at:
Edelman Career Center
Cambridge Court

Or by Fax: 703-205-2380
Continuing Education Program
ATTN: Edelman Career Center