



**CANADIAN SOCIETY OF TRANSPLANTATION
PHARMACIST GROUP**

2017 CONTINUING EDUCATION BURSARY PROGRAM

Form to be completed by applicant – please print

Name of applicant (last, first): _____

I have been a member of the CST Pharmacist Group since _____ (year)

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Daytime Phone: _____ Evening Phone: _____

Fax: _____ Email: _____

Name of primary practice site: _____

Positions held (position/institution/years): _____

Have you submitted an abstract(s) for the 2017 CST meeting? If yes, please list title(s) and attach proof of submission:

Have you been invited to give an oral presentation at the 2017 CST meeting? If yes, please list:

List other activities/ contributions/ involvement with CST (e.g. committee membership):

Estimate of funds requested: \$ _____ (note: bursary award will not exceed \$1000)

Applicant signature: _____ **Date:** _____

Please forward completed scanned application by email to :

admin@cst-transplant.ca

*****APPLICATION DEADLINE: , June 15, 2017*****



**CANADIAN SOCIETY OF TRANSPLANTATION
PHARMACIST GROUP
2017 CONTINUING EDUCATION BURSARY PROGRAM**

Application Instructions

1. Complete the application form and submit on or before the deadline of , **June 15, 2017**.
2. Please provide the most accurate estimate possible of funds requested. The program will consider reimbursement for the following expenses in support of attendance at the CST Annual Scientific Meeting (ASM): travel arrangements (fares for flight, train, bus, etc), hotel accommodation, and meeting registration fees. Please be responsible in making the most cost-effective travel arrangements possible. Expenses which are not eligible for reimbursement include meals, taxis, or expenses incurred at the hotel other than nightly room rental.
3. Decisions regarding individual bursary awards will be made using the point system and eligibility criteria outlined below. You will be notified of the bursary award decision on or before **Aug 1st, 2017**. The exact amount of the bursary will be determined based on receipts submitted for eligible expenses (see #4 below).
4. Save all original receipts for any expenses to be claimed under the program. After the meeting you will be required to submit these receipts. The exact amount awarded will be the total of all receipts for all eligible expenses, up to the maximum amount of the individual bursary award decision. An expense reimbursement form will be provided. Reimbursement will not be provided in the absence of an original receipt.
5. Upon receipt of the completed expense reimbursement form and receipts, the CST will provide reimbursement in the form of a cheque made out to the applicant and sent by mail to the applicant's mailing address as noted in the application form.

Eligibility Criteria

1. Applicants must be members in good standing of the CST Pharmacist Group for at least one year
2. Applicants are not eligible to receive a bursary award in 2 consecutive years
3. Applicants are not eligible if receiving another travel award from the CST (e.g. Paediatric Group Associate Member Travel Bursary)
4. Applicant must provide confirmation of abstract submission with application

Award Decision Point System

Item	Points Awarded
Abstract submitted for ASM	+2 points for every abstract submitted (must provide confirmation of abstract submission)
Oral presentation at ASM	+2 points for every oral presentation
Active member of society (e.g. member of a CST committee)	+1 point for each committee
Contributions to Pharmacist Group or Society over the past year (e.g. worked on project/publication on behalf of society.)	+1 point for each project or CST-affiliated publication in the past year
No previous Pharmacist Group Bursary Award	+1 point