



**CANADIAN SOCIETY OF TRANSPLANTATION PHARMACIST GROUP  
2019 CONTINUING EDUCATION BURSARY PROGRAM**

**Please complete fillable PDF  
and email to [info@cst-transplant.ca](mailto:info@cst-transplant.ca)**

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: \_\_\_\_\_

Primary practice site:

Positions held (position/institution/years):

Have you submitted an abstract(s) for the 2019 Canadian Transplant Summit?

If yes, please list title(s) and attach submission confirmation:

Have you been invited to give an oral presentation at the 2019 Canadian Transplant Summit?

If yes, please list:

Have you received the CST Continuing Education Bursary in the past 5 years? (Yes / No )

If yes, please list when:

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

Estimate of funds requested: \$ \_\_\_\_\_ (note: bursary award will not exceed \$500)

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please forward completed scanned application by email to:

[info@cst-transplant.ca](mailto:info@cst-transplant.ca)

**\*\*\*APPLICATION Deadline: June 24, 2019\*\*\***



**CANADIAN SOCIETY OF TRANSPLANTATION  
PHARMACIST GROUP  
2019 CONTINUING EDUCATION BURSARY PROGRAM**

**Application Instructions**

1. Complete the application form and submit on or before the deadline, **June 24, 2019**.
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. The maximum amount for travel bursary awarded is \$500. The Decision 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 **July 5, 2019**.
3. Save all original receipts for any expenses to be claimed under the program. After the meeting you will be required to submit these receipts to the CST Administration office. Reimbursement will not be provided in the absence of an original receipt.
4. 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. Applicant must provide confirmation of abstract submission with application

**Award Decision Point System**

<b>Item</b>	<b>Points Awarded</b>
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