

Geriatric Education Initiative Application 2022/23

The Geriatric Education Initiative (GEI) is a tuition reimbursement grant program available to support health professionals in continuing professional development to improve geriatric/gerontological knowledge and skills. Granted dollars will be provided to point of care individuals working with older adults living with complex health conditions in order to build geriatric capacity.

Granted dollars are intended to reimburse base tuition or registration fees (in part or full) only. Applicants may be eligible to receive up to \$2,000. Please note there is no guarantee that funding will be granted.

ELIGIBILITY

Seniors Care Network will consider applications for courses completed from April 1, 2022 until March 31, 2023.

To be eligible to apply for the Central East GEI, an applicant must:

- Work with older adults living with complex health conditions
- Be employed by a health, community or social service agency located in the Central East Region
- Has completed a course/conference/workshop/seminar/certification that provided training/education that fulfills learning outcomes consistent with the Competency Framework for Interprofessional Comprehensive Geriatric Assessment (<https://rgps.on.ca/wp-content/uploads/2019/03/A-Competency-Framework.pdf>)

Priority will be given to individuals who are currently employed by specialized geriatric service programs (e.g., BSO, GEM, GAIN, NPSTAT, MINT/Primary Care Memory Services, geriatric mental health programs) but others are welcome to apply. Organizations may apply on behalf of their eligible employees if the organization has already reimbursed the employee.

Books, course materials, salary replacement, student ancillary fees, membership fees, exam fees, travel, meals, or accommodation are not eligible for reimbursement.

APPLICATION REQUIREMENTS

1. Application Form

The Application Form (*page 3 of this document*) must be **completed** and **signed**. Applicants must provide proof of employment (e.g., copy of employer ID tag showing name, title and organization). A Social Insurance Number must be provided for tax purposes, as funding is a taxable benefit. Recipients of funding will be issued T4A information in accordance with the Income Tax Act. See Paragraph 56.1 of the Income Tax Act or contact the Canada Revenue Agency for more information. All information provided to the Geriatric Education Initiative is confidential.

2. Proof of Payment

An official proof of payment (*receipt*) from the educational provider that shows the date, the applicant's full name, the course name (*or code*), and the amount of base tuition paid in full is required. The proof of payment must provide a course-by-course breakdown for all the education to be reimbursed. Only tuition or registration fees are eligible for reimbursement. Applicants may be asked to provide additional payment information to clarify the amount of tuition fees paid.

3. Proof of Completion of Academic Courses

A passing grade report, course certificate, transcript from the education provider or printout from a student-based web service that shows the applicant's name and the course/program completion date is required. Official transcripts are not required. Photocopies are acceptable. Documents will not be returned. A self-declaration form is not acceptable as a proof of completion.

4. Proof of Learning Outcomes

A course outline showing learning outcomes or conference/seminar registration showing session topics and descriptions is required that provided training/education that fulfills learning outcomes consistent with the Competency Framework for Interprofessional Comprehensive Geriatric Assessment.

SUBMISSION DEADLINE

The completed application must be received by March 15, 2023. This deadline is strictly observed. Late or incomplete applications will be declined. Applicants should keep copies of their completed application form for their personal records. Declined applications cannot be resubmitted.

Please submit your application to Cheryl Troicuk (ctroicuk@seniorscarenetwork.ca).

Geriatric Education Initiative Application Form 22/23**PLEASE PRINT:**

Name: _____

Social Insurance Number: _____ - _____ - _____

Contact information: _____

Street: _____

City: _____ Postal Code: _____

Email: _____

Phone: _____

Please provide the name of Organization/Employer: _____

Department/Clinic/Program: _____

Position at the Organization: _____

Professional Background: _____

Payee name to appear on reimbursement cheque: _____

Education Program InformationType of Education: Course Conference Other (specify): _____

Educational Program Name: _____

Course Code (if applicable): _____ Tuition/Conference Fee Amount (\$): _____

Start Date: _____ Finish Date: _____
mm/dd/yyyy mm/dd/yyyy

I hereby certify that the information contained within this application is true and complete. I understand that any false or incomplete information that is submitted in support of my application will invalidate my application. I am aware that I may be asked to participate in a follow-up evaluation.

Signature of Applicant _____ Date _____
mm/dd/yyyy**The following MUST be included in your application:**

1. Completed Application Form
2. Proof of Payment (*showing a breakdown of fees*)
3. Proof of Completion of Academic Courses (*transcript, certificate, etc.*) (*if applicable*)
4. Proof of Learning Outcomes (*course outline, etc.*)