

JCAHPO EDUCATION AND RESEARCH FOUNDATION GRANT GUIDELINES AND APPLICATION

Continuing Education Grant

General Information for All Grants:

A person may receive only one (1) JCAHPO or ATPO grant in any given year and are not eligible to apply if they have received a grant from the JCAHPO Education and Research Foundation, within a three (3) full year cycle (PLEASE NOTE: This includes JCAHPO/ ATPO CE and Stein Scientific Paper).

Selection of recipients is accomplished by a Foundation Selection Committee. As soon as a determination has been made, we will notify you of your status.

The Board of Directors of the JCAHPO Education & Research Foundation has absolute discretion concerning the award recipient's approval of funding, and their decision is final.

The applicant's age, sex, religion, or race shall not be considered.

The cooperation of recipients shall be expected in facilitating the publication of a news release and/or article in a newsletter.

Candidates may be selected based on a contributor or benefactor who has restricted a gift to a particular geographical location or area of interest.

Applications must be completed and signed, including all required information as requested on the application. By signing the application, the applicant gives the Selection Committee permission to investigate and verify all information provided and agrees to provide such information as the committee may request in order to properly evaluate the application for funding.

All applicants will be informed of status of application via e-mail.

Specific Information for Continuing Education Grants

Proceeds are restricted to the JCAHPO and/or ATPO sponsored Continuing Education programs. Recipients MUST attend the program.

Grants will be awarded as a voucher towards a JCAHPO and/or ATPO Continuing Education Program registration fee. Amounts range from \$50 to full registration.

Vouchers will be sent to the selected winners and are valid for one year from the date the voucher is issued.

Costs associated with registration fees and courses will be paid first. Any remaining money will be sent to recipients within 30 days after the program date and attendance is verified.

ATPO Phil Weber Grant recipients are recommended by a committee of ATPO Members and covers travel to ATPO's Scientific Session.

Attachments for Continuing Education Grants

Applicants must submit ORIGINAL papers or multi-media presentations on one of the following titles (Written papers must be 500-800 words typed and double-spaced):

JCAHPO/ATPO: Why Does Society Place Such Value on Certified OMT? OR How does OMT Certification Benefit the Patient?

ATPO Phil Weber Grant: How ATPO Membership Helped My Career.

**Please complete all attachments prior to completing the Application.*

JCAHPO EDUCATION AND RESEARCH FOUNDATION GRANT GUIDELINES AND APPLICATION
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FULL NAME:	JCAHPO ID#
<i>Currently I am:</i> <input type="checkbox"/> COA <input type="checkbox"/> COT <input type="checkbox"/> COMT <input type="checkbox"/> ROUB <input type="checkbox"/> CCOA <input type="checkbox"/> CDOS <input type="checkbox"/> Not certified <input type="checkbox"/> ATPO Member	

PREFERRED ADDRESS:		
CITY:	STATE/PROVINCE:	POSTAL CODE:
PHONE:	EMAIL:	

EMPLOYER:		
ADDRESS:		
CITY:	STATE/PROVINCE:	POSTAL CODE:
PHONE:	WEBSITE:	
POSITION:	START DATE:	SUPERVISOR:
* If you have been in your present position less than five years, please give details of previous employment:		

<input type="checkbox"/> I AM APPLYING FOR A CONTINUING EDUCATION GRANT * <i>Applications accepted Jan. - Jul 31</i> <input type="checkbox"/> JCAHPO CE GRANT <input type="checkbox"/> ATPO PHIL WEBER GRANT (Must attend Scientific Session) Meeting Date: Location for which you are applying: <i>Special Interests related to ophthalmology:</i>	CHECKLIST: <input type="checkbox"/> Verify Eligibility <input type="checkbox"/> Application <input type="checkbox"/> Essay/Multi-Media <input type="checkbox"/> Release Form
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I attest that all information provided in this application is true and accurate to the best of my knowledge, and that I have not received financial support from the JCAHPO Education and Research Foundation in the past three (3) years. (PLEASE NOTE: This includes JCAHPO / ATPO CE and Stein Scientific Paper).

Signature:	Date:
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Please Submit Online or Print and Mail with attachments to: JCAHPO Education and Research Foundation
 2025 Woodlane Drive
 St. Paul, MN 55125-2998

For Foundation Use Only:

FUND	AMOUNT: \$	APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE
VOUCHER TYPE	AMOUNT: \$	VOUCHER #	
	TOTAL: \$		

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RELEASE AND AUTHORIZATION FOR USE OF NAME AND QUOTE

Release executed by

Name:

Address:

Herein referred to as "Originator" in favor of the (Please select one):

- Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO), 2025 Woodlane Drive, St. Paul, MN 55125-2998, herein referred to as "Organization"
- Association of Technical Personnel in Ophthalmology (ATPO), 2025 Woodlane Drive, St. Paul, MN 55125-2998, herein referred to as "Organization"

In consideration of Originator's goodwill toward Organization, Originator hereby consents to provide use of Originator's name, and hereby authorizes Organization to cause the same to be published, with or without any subject matter of Organization.

AND

In consideration of Originator's goodwill toward Organization, Originator hereby consents to provide personal quotations of Originator, and hereby authorizes Organization to cause the same to be published, with or without any subject matter of Organization.

Originator hereby releases Organization and Organization's officers, directors, committee members, employees and agents, as well as any assignees, from any and all claims for damages for libel, slander, invasion of privacy, or any other claim based upon use of the above-described material.

In witness thereof, Originator executes this release on the day and year written below.

Signature of Originator

Date: