

IJCAHPO Continuing Education Grant Guidelines & Application

General Information

Grants are awarded as vouchers to be used towards IJCAHPO Continuing Education Program registration fees. Amounts range from \$50 to Full Registration and are valid for one year from the date the voucher is issued.

Important Information

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 recipient's award and their decision is final.

The applicant's age, sex, religion, and 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's restriction of 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 IJCAHPO sponsored Continuing Education programs. Recipients MUST attend the program.

Grants will be awarded as a voucher towards an IJCAHPO Continuing Education Program registration fee. Amounts range from \$50 to full registration.

All Applicants Must Provide

- ✓ A ONE-PAGE original essay between 300 and 500 words typed and double-spaced on the topic "Why are well trained AOPs a benefit to the patient?" is to be included with the application.
- ✓ All applications must be postmarked by the deadline date of July 30. Faxes will not be accepted.
- ✓ A person may receive only one (1) IJCAHPO 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 CE and Stein Scientific Paper).

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

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FULL NAME:	JCAHPO ID#	DOB
Currently I am: <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		

Preferred Address	City	State/Province
Postal Code	Phone	Email

Employer		
Employer Address	City	State/Province
Postal Code	Phone	Website
Position	Start Date	Supervisor

<input type="checkbox"/> I AM APPLYING FOR the Continuing Education Grant * <i>Applications accepted Jan. - Jul 31</i> 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/Signature Page <input type="checkbox"/> Essay/Multi-Media
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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 CE and Stein Scientific Paper).

Signature:	Date:
Release and Authorization For Use of Name and Quote Release executed by (Name) _____, (Address) _____ Herein referred to as "Originator" in favor of the: <ul style="list-style-type: none"> o International Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO), 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:

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Signature of Author:	Date:
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