



## APPHON/ROHPPA Dr. Jack Hand Education Fund

### Background:

APPHON/ROHPPA supports educational endeavors for health care professionals who care for pediatric hematology/oncology patients in Atlantic Canada. To provide that support, APPHON/ROHPPA is pleased to offer educational funding in honor of the memory of Dr. Jack Hand. Dr. Hand practiced as a Pediatric Hematologist/Oncologist at the Janeway Children's Health and Rehabilitation Centre in Newfoundland and was the Vice Chair of APPHON/ROHPPA. Jack was a driving force behind the development of APPHON/ROHPPA and contributed greatly to its growth and success. Jack served as a positive role model for his colleagues and students by his love, compassion and humor. He has had a tremendous impact on the lives of the children and families in his care. We wish to continue that legacy by offering funding to promote and support ongoing education that will benefit all members of APPHON/ROHPPA, as well as the children and families for whom we care.

### Dr. Jack Hand Education Fund Guidelines:

1. The applicant must be an APPHON/ROHPPA member.
2. The course or conference must pertain to pediatric hematology/oncology.
3. Information gathered/learned from the course/conference must be shared with APPHON/ROHPPA at the annual conference and/or newsletter.
4. Applications will be approved by the APPHON/ROHPPA Executive Director and Levels of Care Coordinator.
5. Funding will be awarded every year to a maximum of **\$1,500.00**.
6. Applicants will be notified of approval of education funds, but funds will not be disbursed until all receipts are submitted upon completion of course or attendance of conference.
7. Application forms will be available on the APPHON/ROHPPA website at [www.apphon-rohppa.com](http://www.apphon-rohppa.com) from Schoel Strang by email at [schoel.strang@iwk.nshealth.ca](mailto:schoel.strang@iwk.nshealth.ca) or by phone (902) 470-3842.

### Procedure:

1. Complete attached application.
2. Submit application by deadline date: **June 30, 2019**. Please fax application to (902) 470-6510 or mail completed form to: Schoel Strang, APPHON/ROHPPA, IWK Health Centre 6<sup>th</sup> Floor Link, Room 610, 5850/5980 University Avenue, PO Box 9700, Halifax, NS, B3K 6R8.
3. Attach a copy of program brochure or agenda showing date of program, deadline for registration, and registration fee.
4. Once approved, submit a completed expense claim and original receipts to Schoel Strang within two weeks of attending the program or completing the educational course.
5. Sharing of knowledge with other APPHON/ROHPPA members is expected to be completed by next available conference and/or newsletter.



**APPHON/ROHPPA**  
**Dr. Jack Hand Education Fund Application**  
**Deadline: June 30, 2019**

<b>Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email address</b>	
<b>Position</b>	
<b>Program/Department</b>	
<b>Hospital Site</b>	

<b>Conference/Course title</b>	
<b>Sponsor</b>	
<b>Location</b>	
<b>Date</b>	

\*\*A Full copy of the brochure must be attached to this application.

**Reason for Applying:**

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**How will this benefit APPHON/ROHPPA:**

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**Anticipated Cost:**

ITEM	COST
Registration fee	
Travel expenses	
Accommodations	
Meals	
Other (please specify)	
<b>TOTAL</b>	

Signature \_\_\_\_\_

Date: \_\_\_\_\_



**APPHON/ROHPPA  
Dr. Jack Hand Education Fund  
Expense Statement**

Please note all expenses must be accompanied with original receipts (not photocopies) – any claims submitted without original receipts cannot be reimbursed. Expense claims should be submitted within 2 weeks of attending the conference or completing the educational course.

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Name: \_\_\_\_\_

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Mailing address for cheque: \_\_\_\_\_

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<b>Transportation</b>	<b>Amount</b>
Registration fee	\$
Travel expenses	\$
Accommodations	\$
Meals	\$
Other (please specify)	\$
<b>TOTAL (Maximum \$1,500.00)</b>	<b>\$</b>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward completed form with original receipts to:

**Schoel Strang  
APPHON/ROHPPA  
c/o IWK Health Centre  
Room 610-6<sup>th</sup> Floor Link  
5850/5980 University Avenue  
PO Box 9700  
Halifax NS B3K 6R8**