

**2025 - 2026 PEA Professional Development Fund Application for Health Science Professionals**

Please refer to the eligibility criteria at <https://pea.org/chapters/hsp/programs>

Complete this form **electronically** and submit it as an attachment via email to [jbond@pea.org](mailto:jbond@pea.org). Include the subject line “HSP ProD 2025”. If your application is approved, you will be required to submit all receipts and a PEA Direct Deposit Form.

**APPLICANT DETAILS/CONTACT INFORMATION**

<b>Name:</b>
<b>Home Address:</b>
<b>Preferred Email Address:</b>
<b>Employer:</b> <input type="checkbox"/> FHA <input type="checkbox"/> IHA <input type="checkbox"/> NHA <input type="checkbox"/> PHC <input type="checkbox"/> PHSA <input type="checkbox"/> VIHA <input type="checkbox"/> VCH <input type="checkbox"/> OTHER (describe)
<b>Discipline (e.g., Physiotherapist, Psychologies, etc.):</b>
<b>Job Title:</b>
<b>Department/Program/Team Name:</b>
<b>Employment Status:</b> <input type="checkbox"/> REGULAR FULL-TIME or PART-TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> TEMPORARY – Provide Temporary Term End Date

**DESCRIPTION OF EDUCATION/TRAINING FOR WHICH FUNDING SUPPORT IS REQUESTED**

<b>Name of Professional Development Education/Training:</b>
<b>Name of Professional Development Provider/Institute:</b>
<b>Indicate Professional Development Type:</b> <input type="checkbox"/> WORKSHOP <input type="checkbox"/> COURSE <input type="checkbox"/> SEMINAR <input type="checkbox"/> PROGRAM <input type="checkbox"/> CONFERENCE <input type="checkbox"/> CLINICAL PLACEMENT <input type="checkbox"/> DISTANCE/VIRTUAL LEARNING <input type="checkbox"/> OTHER (describe)
<b>Start Date of Training:</b>
<b>Completion Date of Training:</b>
<b>Attach the education provider’s outline or link to the requested education/training or provide a description below:</b>

**DETAILS OF APPLICATION CATEGORY**

**My application, if approved, would be under the category of (please check all applicable categories below):**

ongoing required professional development

training and upgrading skills for members working in a profession experiencing shortage

training and upgrading skills for members working in a profession in rural or remote location

**If applicable, please state below the name of the community in which your rural or remote worksite is located, as well as the name(s) of any other community (including First Nations communities) to which you travel to provide service:**

**Indicate below how your proposed education/training will prepare you to achieve and maintain rigorous educational standards, ensuring the development of best practices for the discipline being practiced in the public health care system:**

**FUNDING SUPPORT REQUESTED**

<b>Total Cost of Program (registration/tuition etc.)</b>	<b>\$</b>
<b>Cost of Other Education/Training-Related Fees*</b>	<b>\$</b>
<b>*Description of Other Fees</b>	

*Cost of travel and accommodation is subject to criteria and maximum as stated in Eligibility and Funding Guidelines:*

<b>Local Travel (\$0.70/km for any distance greater than normal commute)</b>	<b>\$</b>
<b>Out-of-Town Travel (provide details below)</b>	<b>\$</b>
<b>Travel Details</b>	
<b>Cost of Accommodation/Description</b>	<b>\$</b>
<b>Cost of Other Travel-Related Expenses Not Included Above:</b>	<b>\$</b>
<b>TOTAL DOLLAR AMOUNT REQUESTED</b>	<b>\$</b>

**CERTIFICATION – PLEASE READ CAREFULLY**

**Date:**

- I confirm that all information provided in this application is true and correct to the best of my knowledge. I certify that I am currently a member of the PEA whose employment is covered by the PEA/HEABC collective agreement. I also certify that I have not received any other funding from any other source to pay for any of the costs requested in this application.

**By selecting the box, I certify this application form.**