TEXAS ASSOCIATION OF PERIANESTHESIA NURSES

Subject: Education Scholarship Award E-003 Review Responsibility: Executive Board

Resource: Executive Board

Effective Date: October 2014

Revised: February 2017; March 2020; March 2023

Review Due Date: March 2026

Purpose:

To fulfill the mission of the Association by providing eligible members an opportunity to apply for and receive educational grants to attend continuing education programs.

Policy:

At the Fall Board Meeting, the Executive Board will budget monies to be made available for the Scholarship Fund for the next fiscal year. The Education Chair will be responsible for reviewing and approving all applications and for monitoring compliance with the contractual stipulations. The Treasurer will be responsible for the disbursement of funds to eligible applicants.

Procedure:

1. Scholarship applications will be available to all TAPAN members, and may be obtained from the TAPAN website. To be considered for a scholarship, applicants must meet all eligibility requirements outlined in the Scholarship Application.
2. Completed electronic applications, including all required activity verifications and a copy of the brochure, will be sent to the Education Chair no later than thirty (30) days prior to the program. Incomplete applications will not be considered.
3. The total scholarship award will not exceed the registration fee of the program, and funding will not be duplicated. Applicants receiving full funding from other sources are ineligible for TAPAN scholarship monies.
4. Should the scholarship recipient fail to comply with the contract stipulations, within the stated time frames, the Education Chair will notify the Executive Board and send a letter to the recipient requesting a full refund of the scholarship money. The recipient will be ineligible for future scholarship funding until such time as the money has been repaid, and then only after careful consideration by the Executive Board.

TEXAS ASSOCIATION OF PERIANESTHESIA NURSES SCHOLARSHIP APPLICATION

# Eligibility

* 1. To be eligible for a scholarship, an applicant must have been a member of ASPAN for a minimum of one (1) year.
  2. A minimum of forty (40) activity points are required for consideration of a scholarship to attend the ASPAN National Conference.
  3. A minimum of thirty (30) activity points are required for consideration of a scholarship to attend the TAPAN State Conference, a TAPAN Region Seminar, ASPAN sponsored educational program or any other perianesthesia related program.
  4. Twenty (20) activity points are required for a scholarship to attend a TAPAN Region or Chapter Seminar.
  5. A member may receive only one TAPAN Scholarship per TAPAN fiscal year (January 1 through December 31).
  6. Each year the TAPAN Executive Board will set aside money to fund the Scholarship program. Funds will be divided among eligible applicants. The maximum amount awarded to any applicant will not exceed the registration fee of the event. Funding will not be duplicated. Applicants receiving full funding from other sources are ineligible for TAPAN scholarship money.

# Application

* 1. Scholarship applications may be obtained from the TAPAN website.
  2. Applications must be completed in full and include:
     1. Activity Point Worksheet with all required verification.
     2. A copy of the brochure of the educational event outlining the program and indicating the registration fee.
     3. Scholarship Contract, signed and dated.
  3. The completed application must be electronically submitted to the TAPAN Education Chair no later than thirty (30) days prior to the event. Incomplete applications or those not meeting the deadline will not be considered.
  4. Within 2 weeks applicants will be notified of the Board’s decision by the President.

# Verification of Attendance

* 1. The applicant must attend the entire program and submit a copy of the Certificate of Attendance to the Treasurer within thirty (30) days of the program.
  2. The Treasurer will provide the Eyeopener Editor with the names and contact information of scholarship recipients.
  3. Within 30 days, each scholarship recipient will submit a brief article to the Eyeopener Editor describing one significant thing the recipient learned at the seminar and how it will influence the member’s practice or leadership.
  4. Failure to comply with any of the criteria for verification of attendance will result in the member being required to refund in full all money awarded.

# SCHOLARSHIP ACTIVITIES

1. **Leadership Activities**
   1. Holding Office

National (ASPAN or ABPANC) 15 points

State 10 points

Region 5 points

* 1. Committee Chairperson

(Include a summary of committee activities with the application)

National 15 points

State 10 points

Region 5 points

Chapter Chair 2 points

* 1. Committee Member

(Verification of participation by the Committee Chair required. Points are awarded per each committee)

National 5 points

State 3 points

Region 2 points

* 1. ASPAN Ambassador (Include verification)

Per event 5 points

* 1. Moderator

(Include verification)

ASPAN National Conference 5 points

TAPAN State Conference 3 points

Region Conference 2 points

# Professional Activities

* 1. Education
     1. Meeting Attendance: Points accrued per educational meeting attended (Verification required)

ASPAN National Conference 5 points

ASPAN Program 3 points

TAPAN State Conference 5 points

Region Seminar 2 points

Regular Region or Chapter Meeting 1 point

* + 1. Speaker

Points awarded for each one hour presentation in an educational program. Include a copy of the program and outline of the lecture as verification.

ASPAN National Conference 15 points

ASPAN Program 10 points

Component Conference or Seminar 10 points Region Seminar, Meeting or Chapter Meeting 5 points Other Nursing Conference 5 points

Oral Poster Presentation at a national 3 points or international conference

* + 1. CE Application Coordinator (Note: Region officers whose job description and/or duty it is to submit CE applications may not submit points from this category)

Points awarded per approved CE application at the Region level. Include application approval for verification.

Region/Chapter Program of 1-5 hours in length 5 points Region/Chapter Program > than 5 hours in length 10 points

* 1. Certification (Include verification)

CPAN, CAPA 5 points

Other nursing specialty 5 points

ABPANC Certification Coach/ALRT Team 5 points

Instructor BLS/ACLS/PALS etc. 2 points Accepted Items written for CPAN/CAPA Exams 2 points/ item

* 1. Publication

Points awarded for each published article related to perianesthesia nursing. A copy of the article must be included. Please note: Articles published as a requirement of a previous scholarship award are not eligible.

Journal of Perianesthesia Nursing 20 points

Peer reviewed professional journal 20 points

Breathline article 10 points

TAPAN Newsletter 10 points

Region Newsletter 5 points

Other perianesthesia nursing related article 5 points

* 1. Research

Points per research project relating to perianesthesia nursing. Include verification.

Primary Investigator 25 points

Co-Investigator 15 points

Data collection 5 points

* 1. Recruitment

Points are awarded for each new member recruited. Verification is available through the ASPAN website.

Per new member 1 point

ACTIVITY POINT WORKSHEET

Name: Application Date: Please circle the appropriate points

|  |  |  |  |
| --- | --- | --- | --- |
| **I** | **Leadership Activities**  1. Officer National | **Points**  15 | **Specify** |
|  | State | 10 |  |
|  | Region | 5 |  |
|  | 2. Committee Chair National | 15 |  |
|  | State | 10 |  |
|  | Region/Chapter | 5 |  |
|  | 3. Committee Member National | 5 |  |
|  | State | 3 |  |
|  | Region/Chapter | 2 |  |
|  | 4. ASPAN Ambassador | 5 |  |
|  | 5. Moderator  ASPAN Program | 5 |  |
|  | TAPAN Conference | 3 |  |

Total Leadership Activity Points:

|  |  |  |  |
| --- | --- | --- | --- |
| **II** | **Professional Activities**   1. Education    1. Meeting Attendance | **Points** | **Specify** |
|  | ASPAN Conference | 5 |  |
|  | ASPAN Program | 3 |  |
|  | State Conference | 5 |  |
|  | Region/Chapter Seminar | 2 |  |
|  | Region/Chapter Meeting | 1 |  |

1. Speaker

|  |  |
| --- | --- |
| ASPAN Conference | 15 |
| ASPAN Program | 10 |
| State Conference | 10 |
| Region/Chapter Seminar | 5 |

Region/Chapter Meeting 3

1. CE Application Coordinator Program 1-5 hours 5

Program > 5 hours 10

1. Certification

CPAN/CAPA 5

Other Nursing Specialty 5

ABPANC Coach 5

Instructor BLS/ACLS/PALS 2

ACLS/PALS/NALS etc. 1

Item Writing 2

1. Publication

JoPAN 20

Peer reviewed professional Journal 20

Breathline 10

Eyeopener 10

Region Newsletter 5

Other 5

1. Research

Primary Investigator 15

Co-Investigator 10

Data Collection 3

1. Recruitment

Per new member 1

Total Professional Activity Points: Combined Leadership and Professional Activity Points

Leadership Points: Professional Points:

Total Activity Points:

SCHOLARSHIP CONTRACT

Please print clearly, or type.

Name: Address: City, State, Zip: E-mail: ASPAN # Expiration: Phone: (mobile)\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Program: Registration Fee: $ \_\_\_

In applying for a TAPAN Educational Scholarship, I hereby agree to the following stipulations:

1. I will attend the entire program for which I received scholarship money.
2. I will send a copy of the certificate of attendance to the TAPAN Treasurer within thirty

(30) days of the program.

1. I will submit a brief computer generated article within thirty (30) days of the program to the Eyeopener Editor for publication in the Eyeopener. The article will describe something I learned at the conference which will impact my own or my unit’s clinical practice or enhance my leadership.

# If I fail to meet any of the above stipulations, within the stated time frames, I will make a full refund of all scholarship money received to TAPAN.

Signature of Applicant: Date:

For Official Use Only:

Date Received: Application Complete: Y / N Approved: Y / N Check #: Date Issued: Amount: $ Certificate of Attendance due by: Received on:

Article due to Editor by: Received on:

Contract stipulations met: Y / N If No, refund notification sent on: