Saskatchewan Physiotherapy Association

SPA Educational Bursary
for
The Role of Practitioners in Indigenous Wellness Course

Introduction: SPA recognizes the importance for Indigenous Wellness in Saskatchewan. Therefore, it is our priority that physical therapists have the opportunity to pursue continuing education in Indigenous Wellness in Saskatchewan. One additional way for SPA to support diversity and equity development for physical therapists across the province is through this educational bursary. This bursary covers the cost of the course: ($320 + GST and PST for all health professionals and $270 + GST and PST for full-time students/residents.) A lottery system will be used to select one (1) successful applicant three times a year. The winner will be notified via email. The deadlines for application are April 30th, August 31st, and December 15th each year. Completed Applications can be sent to spaadmin@saskphysio.org. Please see the eligibility requirements (part 2) to see if this bursary applies to you!

PART 1 - MEMBER INFORMATION

Name: _____

Telephone: _____

Email: _____

CPA Membership #: _____

Address (street/Box No., City/Town, Postal Code):_____

_____

PART 2 – ELIGIBILITY REQUIREMENTS (applicants must meet all of the following criteria; please check off and provide further detail if required)

☐ Current CPA/SPA Membership

☐ Currently employed as a physiotherapist in Saskatchewan

Start date of current employment: _____

Name and address of workplace: _____

☐ If your name is drawn, consent to SPA posting on SPA's media platforms (Facebook, Twitter and our website) about your success in our lottery system for this bursary.

(Continued)

☐ Commitment to complete the Role of Practitioners in Indigenous Wellness Course: https://cmelearning.usask.ca/learn-here/cme-online-courses/indigenous-wellness.php

PART 3 – RATIONALE AND PLAN FOR KNOWLEDGE TRANSLATION:

Why are you interested in participating in this course? How will you plan to share your learnings with colleagues? How will this course support your professional practice?

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Check-off to ensure you have:

☐ Completed all parts of the form

☐ Attached receipts for all expenses claimed

☐ I would be interested in providing the SPA with a newsletter article regarding the most valuable experiences I have gained from this course.

☐ I confirm that I will provide the SPA with proof of completion of the course when certificate of completion is received.

☐ I confirm that should I be unable to participate in this course or in the event that I need to withdraw from the course that I will return any funds provided by the Saskatchewan Physiotherapy Association.

_____ _____

Member's signature Date