CSHP Manitoba Professional Development Fund

Application Form

The professional development fund supports CSHP Manitoba members who have successfully completed a professional development course or program resulting in a designation that will directly benefit their individual pharmacy practice, improve patient care and patient health outcomes, and further advance hospital/health-system pharmacy.

Examples of designations include but are not limited to: Board of Pharmacy Specialties certification, Certified Diabetes Educator, Certified Respiratory Educator, Certificate in Travel Health.

Applicant Name: _____

Applicant CSHP member number: _____

Course/Program completed:_____

Date of course/program completion: _____

Please complete the following table of expenses for which you are requesting funding. If expenses were paid in US funds, please also provide the amount paid in Canadian funds.

Expenses submitted:	**US funds**	**CAD funds**
Total expenses submitted:		
Minus funding already obtained*		
Minus funding requested but not yet obtained*		
Total funding requested:		

*Other funding obtained and/or applied for:

- Funding already obtained (indicate how much & from who): _____
  _____

- Funding requested, not yet obtained (indicate how much & from who):_____
  _____

Please include with your application:

- A brief report (maximum 1000 words) summarizing how the professional development program and designation has or will benefit your pharmacy practice, improve patient care and patient health outcomes, and help to further advance hospital/health-system pharmacy in Manitoba.
- Proof of program completion/designation obtained.
- Proof of payment for the course/program. If paid in US funds, please provide the equivalent Canadian funds at the time of payment. If equivalent Canadian funds are not provided, the committee will apply the historical market conversion rate on the date of the submitted invoice to determine reimbursement.

Submit to: awards-recognition@cshp-mb.ca

Version: Sept 2025