



## **Pediatric Therapy Recruitment and Retention Initiative – Sponsored by Ministry of Children and Family Development (MCFD) Professional Development Funding Application**

For Professional Development Opportunities

### **INITIATIVE OVERVIEW**

One-time only funding has been allocated for the development and implementation of a targeted pediatric therapy recruitment strategy to address recruitment and retention challenges facing the occupational therapy (OT), physiotherapy (PT) and speech-language pathology (SLP) professions. The B.C. Government's Ministry of Children and Family Development (MCFD) posted a Request for Proposals and The Physiotherapy Association of British Columbia (PABC) was the successful proponent. The implementation phase is from October 1, 2017 to March 31, 2018. The strategy will focus on recruiting and retaining pediatric therapists in MCFD-funded agencies and, more specifically, in hard-to-recruit communities, rural and remote communities, and Indigenous communities. The intent is to reduce the number of MCFD-funded vacant therapy positions, and to support the therapists who are already working in those Early Intervention Therapy and School-Aged Therapy programs.

### **FUNDING OPPORTUNITY**

This application invites SLPs, OTs, and PTs to apply for funding to participate in on-line or in-person professional development that will improve their ability to do their jobs. The following expenses will be covered by this funding: **course/event registration fees**.

### **FUNDING CRITERIA**

To receive this funding, therapists must:

- Be employed by an MCFD-Funded Agency as a permanent part-time or full-time employee
- Provide a completed application form

To be eligible for funding the professional development opportunity:

- Can be on-line (webinars or podcasts) or in-person courses
- Must be 3 days or less in length
- Must have a pediatric and/or indigenous focus or be on a topic that would support the ability to improve skills as a pediatric therapist i.e. Motivational Interviewing, cultural safety
- Must be of benefit to the therapist in their current position with MCFD
- Must conclude before March 31, 2018
- Funding provided cannot exceed \$600

### **APPLICATION PROCESS**

Funding must be pre-approved using the application form on pages 2 and 3. Please fill out the application form and email/mail to the address noted below for pre-approval. You will be notified of acceptance/rejection of your application within one week of receipt of the form at the PABC office.

Applications will be awarded on a first-come, first-served basis until March 31, 2018, or until the monies are used up, whichever comes first.



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The therapist must register and pay for the course and submit the registration receipt to the PABC office before March 31, 2018. Reimbursement of registration expense will be made within two weeks after registration receipt is submitted.

**Mail or e-mail applications to:**

Physiotherapy Association of BC  
Phone: 604-736-5130 x 2; Email: [events@bcphysio.org](mailto:events@bcphysio.org)  
#402 – 1755 West Broadway  
Vancouver, BC V6J 4S5

**APPLICATION FORM FOR PROFESSIONAL DEVELOPMENT FUNDING**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agency where you work:** \_\_\_\_\_

**Agency address:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**Name of Professional Development Opportunity for which you are requesting funding:**

\_\_\_\_\_

**Date of above noted Professional Development Opportunity (if applicable)** \_\_\_\_\_  
(if the professional development can be viewed at your convenience please note as **flexible** above)

**Amount of reimbursement requested (cost of registration + taxes):** \_\_\_\_\_

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What are your interests in attending this professional development opportunity and how will it help you in your current job?

Why are you requesting funding?

Do you work in Early Intervention Therapy, School Aged Therapy, or both? \_\_\_\_\_

Is your Agency contracted to provide services through Ministry of Children and Family Development? \_\_\_\_\_

Do you work in an indigenous community or with a high percentage of indigenous children? \_\_\_\_\_

\_\_\_\_\_  
Therapist Name

\_\_\_\_\_  
Therapist's Signature

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

To confirm your employment as an SLP, PT, or OT at the above noted MCFD Agency, please have your supervisor sign below:

\_\_\_\_\_  
Supervisor Signature