

## Information Sheet for APP Evidence-Based Practice Immersion Course Stipend

UCSF Health would like to enhance the APP ability to strive for excellence and contribute to teaching and research. The APP EBP Stipend provides an opportunity for APP's at UCSF to apply for funding to support a virtual or in-person conference attendance at the FULD Health Trust National Institute for Evidence-based Practice in Nursing and Healthcare.

This five-day intensive workshop provides a “deep dive” into evidence-based practice. Participants learn the step-by-step EBP process as well as effective strategies for implementing EBP in clinical or academic organizations of any size or level of complexity. Participants will develop an action plan for implementing and sustaining EBP changes and transforming organizational culture. Internationally renowned EBP experts and mentors work in small groups with participants to ensure individualized attention and success.

Eligible APP's (NP, PA, CNM, CRNA) may submit an application, and if selected by the APP stipend committee, would have the course registration fees compensated.

Must have manager approval/signature on form below.

**How to apply:** Submit completed APP EBP Immersion Course Application, current CV and personal essay as one email to [advancedpractice@ucsf.edu](mailto:advancedpractice@ucsf.edu). Use subject header: APP EBP IMMERSION COURSE APPLICATION

**Deadline for submission:** There are is currently no deadline for submission. Applications are accepted on a rolling basis.

**Application Evaluation Workflow:** stipend committee reviews basic criteria met → followed by the EBP champions (who will review the statement and PICOT question if stated) → then connect the participant with an EBP champion mentor.

**Notification of decision:** You will be notified within 7-10 days of application submission.

**Questions:** Contact [advancedpractice@ucsf.edu](mailto:advancedpractice@ucsf.edu)

**Applicant Information**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Job Title - check one: NP PA CRNA CNM

Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Your Department: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_  
*Name* *Email*

Does your department provide CME money for APPs? **Check one: YES NO**

If yes, how much? \_\_\_\_\_

UCSF years of service: \_\_\_\_\_ FTE (Minimum 0.6): \_\_\_\_\_ **FTE**

**Previous Stipend Awards From UCSF (mark "NO" if never awarded)**

Name of Conference/Publication: \_\_\_\_\_

Dates of Attendance/Publication: \_\_\_\_\_

Location/Type of Journal: \_\_\_\_\_ Virtual Meeting: \_\_\_\_\_

**Check One:** Presenter/Speaker      Poster      Publication Support

Have you applied for the APP Conference/Publication stipend previously?    Yes      No

Are you receiving any financial support from the Conference?    Yes      No

Have you been awarded an APP Conference/Publication stipend in the past?    Yes      No

Have you attended or presented at another Conference or submitted a Publication in the last 12 months?

Yes      No

Are there any monetary conflicts of interest with this Publication?    Yes      No

If yes, how much \_\_\_\_\_

### EBP Immersion Course Session Selection

The EBP Immersion Course is offered monthly. We will be sending a cohort of no less than 3 APPs together per course. Please list 3 EBP Course session dates you *will* be able to attend from the workshop options listed here: <https://fuld.nursing.osu.edu/ebp-immersion>

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### Essay

In 500 words or less, please explain your evidence-based practice topic and how attending the EBP Immersion Course will improve your current practice.

Please attach a separate typed essay to your application.

### Curriculum Vitae

Attach a current CV to the application.

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that I must submit all required information and documentation to be considered for this stipend. I understand the stipend is to be used for continued education.*

*When traveling on business, it is the responsibility of the traveler to understand UCSF travel and entertainment policies in order to be reimbursed in a timely manner and understand which expenses will and will not be covered by the University.*

### Signatures

APP Applicant: \_\_\_\_\_

Date:

APP Manager: \_\_\_\_\_

Date:

*(For Management - With signing the above, I acknowledge that I will approve the time off for the above APP, if selected, to attend the 5-day immersion program and then will work with APP, EBP champion/mentor to ensure time to further develop and implement their project)*