

## EDUCATIONAL GRANT INFORMATION

Information for Chapters seeking financial assistance for a Certification Review Course:

1. Contact a local Pharmaceutical or Supply Representative in your area
2. Inquire if funding is available and how to request funding
3. Find out how far ahead of time a request must be turned in
4. Find out what must be included in the request:

Sample of what may be needed in the letter ( Requests are usually required to be on signed Institutional letterhead)

- a. amount requested
- b. purpose of the request
- c. program agenda: including topics, speakers, time frames and if educational credits will be offered
- d. detailed budget
- e. contact person- name and phone number

This is not an all inclusive list of potential sources of funding:

Alpharma (Kadian) 1-800-344-3881

Janssen 1-800-Janssen

Ely Lilly – on line application <http://www.lillygrantoffice.com> 1-877-545-5946

Medtronic Neurological – on line application <http://physiciancentral.medtronic.com/forms> (click on Neurological Donation and Subsidy Request)

Organon [www.organoninc.com](http://www.organoninc.com)

Endo pharmaceuticals (Lidoderm) 1-800-892-6131

King Pharmaceutical 1-800-776-3637

Elan Pharmaceuticals 1-888-272-ELAN

Merck & Co. 1-800-347-1282

Advanced Neuromodulation Systems 1-800-727-7846

Boehringer Ingelheim(Mobic)- <http://www.BIPIGrants.com>

Click register to create a User ID and password and click on “New application”

Submit your application for review, If you have questions call 1-800-447-4833

Only applications submitted 45 days online prior to program start date will be reviewed

Ligand Pharmaceuticals (Avinza) 1-800-964-5882

Sample Letter:

Date:

Institution Name

The \_\_\_\_\_ Chapter of The American Society for Pain Management Nursing is requesting an unrestricted educational grant, in the amount of \$ \_\_\_\_\_ for a Pain Management Certification Review Course on \_\_\_\_\_. The Certification Review Course will be held at \_\_\_\_\_ on \_\_\_\_\_.

The targeted audience will include approximately \_\_\_\_\_ nurses.

The speakers for our review course are \_\_\_\_\_  
( include speaker's credentials)

CEU's will be offered at this review course.

Topics will include:

The grant check should be made out to \_\_\_\_\_. The check should be sent to \_\_\_\_\_ ( If you have a tax ID number, include that in the letter).

A program agenda is included. The contact person is \_\_\_\_\_  
If you have any questions about the conference, please feel free to contact me at \_\_\_\_\_ Thank you for considering this request.

Sincerely,