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
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.BIPICGrants.com
Click register to create a Used 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,