| Knowledge Translation professional certificate (ktpc™)october 26-30, 2015 session | | | | | | | | |
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| Application Deadline: FRIDAY august 14, 2015 11:59 pm | | | | | | | | |
| **\*\*\*Please read the following details carefully before completing this application\*\*\***  **Knowledge Translation Professional Certificate (KTPC)**  KTPC is a five-day professional development initiative which builds individual and organizational KT capacity. The curriculum, presented as a composite of didactic and interactive teaching, focuses on the core competencies of Knowledge Translation (KT) work in Canada, as identified by a survey of KT practitioners.  Developed by the Learning Institute, Hospital for Sick Children, KTPC is hosted three times a year. Each session is open to a limited number of participants. KTPC is fully accredited by the Continuing Professional Development Office at the University of Toronto’s Faculty of Medicine and has been recognized as a Leading Practice by Accreditation Canada.  **Who should take KTPC?**  This course aims to develop the competencies of individuals working as KT practitioners (i.e. knowledge brokers, KT specialists, KT managers, and the like) working across all disciplines (e.g., health, health promotion, education, agriculture, etc.).  **Time Commitment**  Please note that the course is held on five consecutive days (Monday - Friday) from 8:00 am - 6:00 pm and includes a networking dinner on the Wednesday evening. Full attendance is required to meet accreditation requirements.  **Supervisor Involvement**  Supervisor involvement in the final day of the course is strongly encouraged as a way to build organizational capacity for KT. Supervisors are invited to attend a panel discussion: *Building a KT Friendly Organization* (Friday; 8:30 am - 10:00 am) and/or to attend your KT plan presentation (Friday; 15 minutes; to be scheduled during the week of the course).  **Course Registration**  All applicants will be notified about the status of their application by Friday September 4, 2015. Successful applicants will be required to submit payment in full within one week of notification of acceptance to secure their space in the course. | | | | | | | | |
| APPLICANT INFORMATION | | | | | | | | |
| **Name:** | | | | | | | | |
| **Organization:** | | | | | | | | |
| **Title:** | | | | | | | | |
| **Phone Number:** | | | | **Alternate Phone Number:** | | | | |
| **Street:** | | | | | | | | |
| **City:** | | **Province/State:** | | | **Postal Code/Zip Code:** | | | |
| **Country:** | | | | | | | | |
| **Email Address:** | | | | | | | | |
| **Before completing this application, please ensure that you can commit to the full 40 hours of training.** | | | | | | | | |
| Please complete the following using the space provided | | | | | | | | |
| **SECTION A – Knowledge Translation Background** | | | | | | | | |
| 1. **What background or training do you already have in knowledge translation?**   *(max 1000 characters with spaces)* | | | | | | | | |
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| 1. **Briefly describe your current position and knowledge translation responsibilities.**   *(max 1000 characters with spaces)* | | | | | | | | |
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| SECTION B – Objectives | | | | | | | | |
| *The goal of the KTPC Program is to develop the competencies of knowledge translation professionals. These competencies include, but are not limited to, knowledge translation planning, partnership development, stakeholder engagement, plain language communication and impact evaluation.* How will taking this course support your individual professional development goals? What do you hope to achieve by participating?*(max 1000 characters with spaces)* | | | | | | | | |
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| How will taking this course build knowledge translation capacity in your organization and support your organization’s objectives? How will you use and share the knowledge you gain in your job?*(max 1000 characters with spaces)* | | | | | | | | |
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| SECTION C – Abbreviated Resume | | | | | | | | |
| Please include key highlights from your resume related to knowledge translation in the areas of education, professional development and employment.*(max 1500 characters with spaces)* | | | | | | | | |
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| SECTION D – Supervisor Endorsement\* *(To be completed by applicant’s direct supervisor.)* \*This section is not applicable if you are self-employed.  I am self-employed. | | | | | | | | |
| In the space below, please provide your endorsement for the applicant’s participation in this course. Specifically, outline why you believe they and your organization will benefit from time invested in knowledge translation professional development.*(max 1000 characters with spaces)* | | | | | | | | |
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| **Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| SECTION E – Application Checklist | | | | | | | | |
| Confirm your availability to attend all 40 hours of training during the week of the course.  Answer the questions above as completely as possible within the space provided. Additional documents will not be reviewed.  Sign and date your application below.  Ensure that you have your supervisor’s approval to take the course (endorsement and signature required).  Discuss the supervisor involvement component of the course with your supervisor. Their involvement is strongly encouraged but not required.  Keep a copy of your application for your records.  Send completed application to Kelly Warmington at kelly.warmington@sickkids.ca, subject line: KTPC October 2015 Application. You will receive an e-mail confirming receipt of your application. | | | | | | | | |
| **Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| Please submit completed applications to Kelly Warmington, Program Manager, Knowledge Translation, Learning Institute, The Hospital for Sick Children at [kelly.warmington@sickkids.ca](mailto:kelly.warmington@sickkids.ca), SUBJECT LINE: KTPC October 2015 Application. | | | | | | | | |
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| **Office Use Only** | S: | | N: | | | | P: Y🞏 N🞏 | R: Y🞏 N🞏 |
| Notes: | | | | | | | | |