

**Saskatchewan Health Information Management Association
Bursary Application for Continuing Education**

A. Please complete all sections:

Name of applicant _____

Address _____

Telephone (H) _____ (W) _____

E-mail _____

Health Region _____

Position held _____

Course name _____

Institution _____

Start/end date _____

Course outline (please attach course description/outline)

B. Tell the committee what you hope to gain and bring to the profession by taking this course. (This can also be an attached document)
