

# DNIG Diabetes Nurses Interest Group

Speaking out for Diabetes Prevention and Management

**DNIG NEWSLETTER | Fall 2024**

**DNIG.ca |  @DNIGRNAO**

## MESSAGE FROM THE CHAIR

**Shannon Dugas**

**E**ven though the weather is cooling off, I want to send out a warm welcome to all new and returning DNIG members as we start a new membership year. In this Fall 2024 Newsletter, we will introduce our 2024–2025 DNIG Executive Committee Members as we have had some change. Most notably is the retirement of long-standing Chair, Lisa Herlehy who has dedicated many years of volunteer service to DNIG. She has graciously offered to support my transition to Chair and I only hope that I will be able to fill her shoes one day. Lisa has been an advocate for the advancement of nursing knowledge to prevent and treat diabetes and we are grateful for her dedication and leadership of DNIG. In this newsletter, she will add an update on Canada's National Pharmacare and its potential impact on diabetes management.



**Please check out upcoming conferences and funding forms at the end of our newsletter if you would also like to pursue any diabetes related continuing education.**

This newsletter also features DNIG's member and RNFOO Nurses in Practice DNIG Special Projects in Diabetes Award Recipient, Tanya Thompson's article on her research surrounding Insulin Injection Technique to improve glycemic control. If you would like to learn more about this, Tanya will be joining our AGM webinar November 28th, 2024

at 7:30 pm to discuss further. If you would like to register for this event, please email [dnigchair@gmail.com](mailto:dnigchair@gmail.com).

To highlight some of the ways that DNIG supports the continuing education of its members, we have included three articles from nurses that outline how DNIG funding has supported their educational pursuits. Please check out upcoming conferences and funding forms at the end of our newsletter if you would also like to pursue any diabetes related continuing education.

Communication ENO Lindsay, is sharing an important article for Diabetes Awareness Month which includes a reminder for nurses to practice in a holistic manner that supports the individualized management of diabetes in

all patients including those from racialized, Indigenous, and queer communities

Lastly, I want to express my sincere gratitude for your continued advocacy efforts during Diabetes Awareness Month. ■

## DNIG

### DNIG provides:

- support for continuing nursing education
- a network for information sharing and professional collaboration
- advocacy on quality of care and professional nursing

# MEET THE TEAM

## The 2024–2025 DNIG Executive Committee Members

### **Morgan Lincoln, RN, MA, CDE**

#### **FINANCE ENO**



I've been working as a community-based diabetes educator since 2018 and joined the DNIG executive the same year.

Seeing family members navigate the challenges of diabetes every day has fueled my passion for this field. My mom is my type 1 pumper shero! Previously, I worked in home care and community education, and completed an MA in Critical Disability Studies. I'm excited to be onboard with DNIG for another year and further strengthen support for our members.

### **Zare Mae Manantan-Prado, RN, C.Neph (c)**

#### **POLICY AND POLITICAL ACTION NETWORK (PPAN) ENO**



I have been a hemodialysis nurse for 10 years now. I am currently working at Mackenzie Richmond Hill Hospital.

Everyday, I am dealing with patients who have diabetes, as it is the leading

cause of Kidney Failure. I am new to this position but I'm an open-minded, confident and dedicated person. Prior to this, I am also helping RNAO Chapter 6 as Workplace Liaison. Starting this September, I will start my Nurse Educator Program at Michener Institute. I believe this program will give me a better understanding about diabetes and provide education to my patients with expertise. I am excited to be part of DNIG and will dedicate my time to this new role. Also, can't wait to meet you all!

### **Shannon Dugas, RN, CDE, MBA, MPH**

#### **CHAIR**



Since 2015, I have worked directly with those living with diabetes within an adult diabetes education program at a

Community Health Centre in South Niagara. I successfully obtained my CDE designation when I became eligible to write the Canadian Diabetes Educator's Certification Board (CDECB) exam in 2018. Seeing first-hand how diabetes self-management, and treatment options have evolved and improved has been inspiring and really emphasizes the significant role that nurses have in delivering excellent

diabetes care. Often, this expanding knowledge base requires ongoing continuing education and DNIG aims to support its members, so please keep the funding forms in mind when pursuing any diabetes-related education or conferences.

Prior to my current role, I worked within acute medicine and long-term care, so I have seen the delivery of diabetes education and care from different perspectives. My nursing identity includes a strong focus on health equity; therefore, I have just completed a concurrent Master of Business Administration and Master of Public Health. I hope my own continuing education allows me to better advocate for improved access for diabetes care within Ontario. I sincerely look forward to being a part of DNIG's executive membership, connecting with DNIG group members and advocating for both diabetes healthcare and the nurses that care for those living with diabetes in Ontario.

### **Rylan Copeman, BScN, RN**

#### **SOCIAL MEDIA ENO**



I am a registered nurse in Northwestern Ontario working at my local hospital, as well as the correctional facility in my

region. In my community, we have a high prevalence of diabetes, especially in our Indigenous populations. In my nursing practice, I have plenty of opportunities to advocate for the care of diabetic patients and emphasize health teaching toward management of diabetes. I am also starting my Masters of Nursing with a research and teaching focus this year, in which I can use my education to further advocate for diabetic care and prevention.

**Lindsay MacLennan**  
**COMMUNICATIONS ENO**



I am a registered nurse in Toronto working at a Level 1 trauma centre in the Trauma & Neurosurgery program and in

the Emergency Department. In the patient populations I serve, diabetes can make the healing of incisions and wounds and the treatment of infections more difficult; however, as a registered nurse, I am able to provide thorough education and care to my patients and help them recover from their illnesses and injuries. Furthermore, in such a diverse and multicultural space, I am able to better understand the impact of the social determinants of health and positively shape the experiences of my patients while being aware of my positionality in the space. I hope to one day become a nurse practitioner and work toward creating public healthcare policy that helps those who are stigmatized by the healthcare system and build a healthcare system that is more compassionate and efficient.

**Alyssa Fabiano**  
**STUDENT ENO**

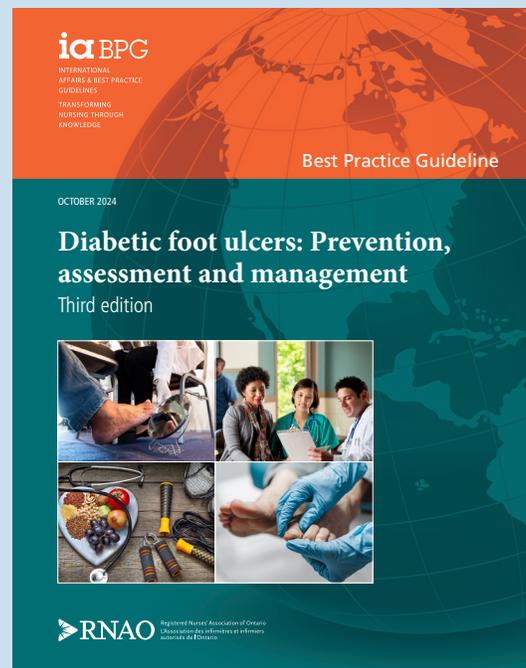


I am currently pursuing a Honours Bachelor of Science in Nursing with a minor in Psychology. Given the

prevalence of diabetes in my region, I am particularly interested in exploring the intersectionality between individuals with diabetes and factors such as sex and race, with the goal of promoting equitable, high-quality care across healthcare settings. Having been diagnosed with type 1 diabetes mellitus at the age of five, I have developed a deep passion for advocating diabetes management, research, prevention, and comprehensive patient care. ■

**HOT OFF THE PRESS**

The third edition of RNAO’s best practice guideline, **Diabetic Foot Ulcers: Prevention, Assessment and Management**, has been released and is available for review [here](#).



# The Ongoing Importance of Black History, Pride, and National Indigenous History Months

Lindsay MacLennan, RN, MSc.

**D**uring this National Diabetes Month, your DNIG executive hopes that this month helps shed more education and awareness on the impact and cost of diabetes in Canada and Ontario to our nursing community and the population at large. However, these months are also a solemn reminder that diabetes does not only last a month for those afflicted by it. As stated in the Framework for diabetes in Canada published in October 2022 by the Public Health Agency of Canada, diabetes is a chronic illness that requires health practitioners to take into consideration the “physical, social, emotional, mental, spiritual, and cultural well-being, as well as...the social determinants of health” of their patients<sup>1</sup>. Social determinants of health include, but are not limited to, employment, education, childhood experiences, social and health supports, and racism<sup>2</sup>.

According to Diabetes Canada, people of South Asian, Black, Arab/West Asian, and East/Southeast Asian descent have a prevalence rate for diabetes of 16%, 13.3%, 12.5%, and 8.8%, respectively<sup>2</sup>, which are comparable figures to those in the Framework for diabetes in Canada highlighted in Figure 1.

Furthermore, First Nations adults living off reserve, Metis adults, and Inuit adults have a diabetes prevalence of 1.72,

1.22, and 1.18 times the prevalence among non-Indigenous adults in Canada<sup>2</sup>.

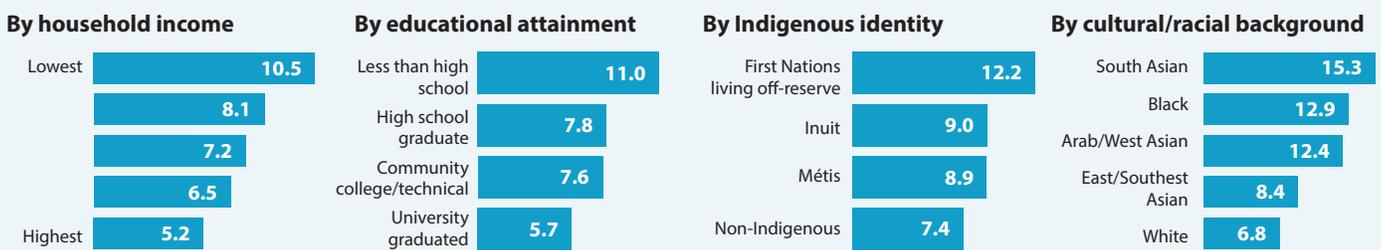
Additionally, the CDC reports 10% of the American public has diabetes, but 25% of gay or bisexual men and 14% of gay or bisexual women have diabetes<sup>3</sup>. Long-term stress, being overweight, inconsistent sleep patterns, and depression – all health issues more prevalent in the queer community – are known risk factors for type 2 diabetes. (Unfortunately, no Canadian or Ontarian data on queer communities and the prevalence of diabetes could be found.)

Due to and in relation to the stigma that racialized, Indigenous, and queer communities face, they tend to have a lower income and obtain and complete fewer educational opportunities, making the costs of type 1 and type 2 diabetes – \$78-18,306 and \$76-10,014, respectively – significantly more difficult to afford<sup>2</sup>. The high financial, mental, and time-associated costs of these chronic illnesses make them even more difficult to manage for these populations.

As a result, despite Black History, Pride, and National Indigenous History months being over for the 2024 calendar year, it is important to take the lessons we learned on the different forms of discrimination and apply them to our holistic approach as student nurses, registered nurses, and

## Prevalence (%) of diabetes among adults aged 18+

Age-standardized rates, self-reported data, CCHS 2015–2018



**Figure 1: Chronic diseases disproportionately impact groups that experience systemic social and economic disadvantages (all types of diabetes)<sup>1</sup>**

nurse practitioners when interacting with our patients. National Diabetes Month will come to an end on December 1st, but our advocacy will not. Therefore, it is our professional responsibility and a Truth and Reconciliation Call-to-Action to advocate for diabetes care that takes into consideration our patients' experiences, community, and healthcare system. ■

#### Sources

1. Public Health Agency of Canada. (2022, October 5) *Framework for diabetes in Canada*. Government of Canada.
2. *Diabetes in Canada: Backgrounder*. Ottawa: Diabetes Canada; 2023.
3. Center for Disease Control (CDC): Diabetes. (2024, May 15) *Diabetes in the LGBTQ Community*. <https://www.cdc.gov/diabetes/risk-factors/diabetes-risk-lgbtq.html>.
4. Comeau, D., Johnson, C., and Bouhamdani, N. (2023, July 18) Review of current 2SLGBTQIA+ inequities in the Canadian healthcare system. *Frontiers in Public Health* 11:1183284. DOI:10.3389/fpubh.2023.1183284.

# The Road to National Pharmacare—What Nurses Need to Know

Lisa Herlehy, NP

In Canada, insulin and other antihyperglycemic agents are a critical aspect of healthcare for many of those living with diabetes. To date, the federal government has not directly provided universal coverage for these medications; therefore, funding of these medications is through out-of-pocket and private plans. In addition each province and territory had and continues to have its own regulations and funding mechanisms. All of these factors lead to variations in access and affordability.

On February 29, 2024, the Government of Canada introduced legislation for the first phase of national universal pharmacare, which includes diabetes medications and birth control. The bill received Royal Assent on Thursday, October 10, 2024, and is now law. While widely celebrated, Bill C-64 was not without criticism from Diabetes Canada.

The Bill passed with no amendments and now the federal Liberal government has to negotiate individual funding commitments with Canada's provinces and territories and is in the initial phase of a plan that would expand to become a publicly funded national pharmacare programme.

The federal health minister, Mark Holland, has said he hopes that some provinces will have the plan in place by the end of this year, with all on board by next spring. British Columbia has already signed a memorandum of understanding agreement with Ottawa. Some provinces, however, have indicated they may opt-out of the programme, as they consider health care a provincial matter and suggest increased health funds transfers as the solution.

In summary the passage of Bill C-64 into law is a huge step forward for the universal coverage of important diabetes medications. But the implementation of this remains by no means a 'slam dunk' and time is of the essence as there are many stakeholders in this process who hold varying viewpoints. It behooves nurses, who hold so much expert knowledge, to be aware of the processes involved in making this legislation truly universal as well as ensuring that we are part of the political process that ensures comprehensive and expert care for all those living with diabetes. ■

#### Sources and suggested readings:

Peter Zimonjic, *CBC News*, October 11, 2024.

Kristy Kirkup, *The Globe and Mail* (for subscribers), October 10, 2024.

*Senate GRO*, New law paves way for national pharmacare, October 10, 2024.

*iPolitics*, Where every province and territory stands on the federal pharmacare bill, March 8, 2024.

# Effect of a Five-Point Insulin Injection Technique on Glycemic Control in Adults with Diabetes

Tanya Thompson, RN, CDE, Registered Nurses' Foundation of Ontario Nurses in Practice DNIG Special Projects in Diabetes Award Recipient



Tanya Thompson with the Maitland Valley Family Health Team.

Correct insulin injection technique (IT) is correlated with improved glucose control and is thus an important strategy in the overall management of diabetes and its complications. At Maitland Valley Family Health Team (MVFHT), Tanya Thompson, Registered Nurse and Certified Diabetes Educator, identified a gap during routine diabetic appointments regarding client insulin IT awareness. Therefore, I felt this highlighted the need for further investigation, so I developed a simple, quick, five-point checklist with common IT errors.

Our 12-month pre-post study was conducted to determine whether providing insulin IT education to insulin-dependent adults is associated with improved glycemic control, measured as changes in glycated hemoglobin (HbA<sub>1c</sub>) results. The study was done at MVFHT which included 160 adult participants with either type 1 or type 2 diabetes, who were asked five short questions about their injection practice. The questions concerned insulin needle length, injection site rotation, duration of the pen needle in skin, needle reuse,

and applied injection force. The answers were used to provide further directed insulin IT education based on identified knowledge gaps. HbA<sub>1c</sub> results were measured before and after the checklist was utilized and knowledge gaps addressed.

The results indicated that the checklist education led to a statistically significant mean ( $p < 0.005$ ) reduction of 1.79% between pre- and post-HbA<sub>1c</sub>. The study results demonstrate that clinicians' use of the five-point insulin IT checklist can result in insulin IT improvement, reduced injection errors, and improved glycemic control. ■

### Registered Nurses' Foundation of Ontario Nurses' 2024 Diabetes Nursing Interest Group (DNIG) Scholarship



#### Raluca Vela, RN

Hello DNIG members, I'd like to extend a sincere thank you to the Diabetes Nursing Interest Group (DNIG), who graciously provided financial support through the 2024 DNIG scholarship, as I continue my graduate studies journey. These opportunities provide nurses like myself, with the ability to focus our attention on advancing our professional roles, collaboration and expertise in diabetes care.

My clinical background is primarily in cardiac surgery and acute medicine, but my desire to explore diabetes care comes from my fourth-year BScN clinical placement in the emergency department. It was in this setting that I noticed clear gaps in the system pertaining to self-management abilities in chronic disease, system navigation and under-utilization of available resources. This was especially true for patients presenting with admitting diagnoses that stem from type 2 diabetes such as wound infections or

hyperglycemia. On the in-patient medicine ward, I would see these same patients cycle in and out, without significant improvement in their overall quality of life and health. Likely, these gaps have always existed to some extent in our health care system, but the impact of the COVID-19 pandemic on human resources, disruption in timely care and lack of time highlighted this fragmentation in an obvious manner. I had always been interested in pursuing a Masters after my BScN, particularly with a research focus, because I saw research as a feasible way to create solutions within the healthcare system that could positively impact patient care in a real and tangible way. My fascination with diabetes also was stirred by its level of complexity in management including diet, physical activity, health coaching and pharmacology. My personal research interests include the optimization of patient self-management strategies in cardio-metabolic syndrome/metabolic syndrome, and type 2 diabetes, to reduce the burden of care and decrease the likelihood of hospital readmission as it relates to health care sustainability. Currently, I am focusing my efforts on my thesis work which will focus on exploring a scalability assessment of diabetes remission in primary care settings and continuing to work as a research assistant exploring digital health innovation in diabetes health coaching.

My curiosity to truly understand is what drives me to be a lifelong student in all areas of my life, and I would highly recommend pursuing some form of continuing education such as a certified diabetes educator certificate (CDE) or formal graduate studies to all nursing professionals. Not only does it elevate your professional portfolio and offer increased opportunities in

education and leadership within and outside of clinical practice, but it enhances your knowledge foundation and critical thinking skill set. I hope to continue growing as a nurse researcher in diabetes, and eventually share the wealth of knowledge I gain with future students and novice nurses, and promote change, equity and sustainability in the landscape of nursing education.

### Registered Nurses' Foundation of Ontario Nurses' 2024 Diabetes Nursing Interest Group Northern Students Award

#### Juels McGuire

Hello, my name is Juels McGuire and I am the successful applicant for the DNIG Northern Students Award through RNFOO. I am currently a Registered Practical Nurse advancing my education towards a BScN through Nipissing University's part-time blended RPN-BScN bridging program. I work in a remote northern hospital on a medical floor where we often serve individuals living with diabetes. My passion for diabetes care is primarily in advocacy and education. Advocacy for the necessary resources to manage diabetes and minimize complications and education for individuals to empower them to maintain and manage their condition and live their lives with optimal quality of life and reduce diabetic complications. Obtaining my BScN will allow me to sit at leadership tables amongst key decision makers to impact change. It can be challenging to balance school, work, and personal life. The financial assistance offered through DNIG Northern Students Award alleviates some of this pressure.

I am tremendously grateful to be the successful applicant of this award.

## SCHOLARSHIPS & AWARDS: REPORTS

### Jen Adkins B.Sc., B. Sc.N, RN

I recently took a course with the Association of Diabetes Clinical Education Specialists (ADCES) called “The Diabetes Care and Education Specialists Certificate Program”. ADCES is an American organization, however they have many educational and networking resources that are beneficial to Canadian diabetes educators. When one has an ADCES membership, there is often a significant discount on the courses that are offered. For example, this course for non-members costs \$210.00 USD, but with a membership I saved \$80.00 USD. This course was aimed at people working healthcare who have an advanced body of core knowledge and skills related to diabetes education and management. There were 11 core modules, including but not limited to pathophysiology, reducing risks, healthy coping, problem solving and medication. Some topics I already knew, some were new approaches to old ideas, and it was overall a beneficial learning experience. At the end of the modules and after passing a quiz, I was awarded a certificate. ADCES offers many learning opportunities with continuing education credit hours. It is a great educational resource, in addition to Diabetes Canada. If you are in need of more educational hours or credits it is worth checking out ([www.adces.org](http://www.adces.org)). ■

## CONTINUING EDUCATION

# Learning Opportunities

### Diabetes Education Program

*George Brown College*

A comprehensive 4 course diabetes education program including health assessment and relational practice courses. Various start dates. Check individual courses for application dates.

[coned.georgebrown.ca/courses-and-programs/diabetes-education-program](https://coned.georgebrown.ca/courses-and-programs/diabetes-education-program)

### Diabetes Educator Certificate Program

*The Michener Institute*

6 month program that you will need to dedicate 6-8 hours a week to study and assignments. Frequently asked questions here. Application date October 25, 2024. Start date January 13, 2025.

*Also at Michener*

- Foundations of Foot Management in Diabetes: A Holistic Approach
- Intensive Insulin Management
- Diabetes Management in Pregnancy

[michener.ca/ce\\_course/diabetes-educator-certificate-program/](https://michener.ca/ce_course/diabetes-educator-certificate-program/)

### Type 1 Diabetes Educator Certificate Program

*Ontario Tech University*

The total course consists of eleven (11) modules intended to share extensive knowledge about type 1 diabetes, its treatment, care options and techniques specifically for care professionals who work with (or want to with) people living with type 1 diabetes. These modules provide a solid foundation of practical clinical knowledge of type 1 diabetes. Completion time is 2 years.

[ontariotechu.ca/programs/continuous-learning/health-sciences-and-medicine/type-1-diabetes/index.php](https://ontariotechu.ca/programs/continuous-learning/health-sciences-and-medicine/type-1-diabetes/index.php)

### Diabetes Educator Course – On-Demand

*Kinghooper Diabetes Education Inc.*

Comprehensive course for health professionals. Through presentations and case-study discussions with a variety of experts, covers the newest approaches to diabetes management. Goal is to update understanding of the complexities of diabetes care and patient education.

[kinghooper.com/program/diabetes-educator-course-on-demand/](https://kinghooper.com/program/diabetes-educator-course-on-demand/)

### CDECB

Start thinking about obtaining your diabetes educator certificate through the Canadian Diabetes Certification Board.

[www.cdecb.ca/professionals/how-to-become-a-cde/](https://www.cdecb.ca/professionals/how-to-become-a-cde/)

### American Diabetes Association

Free ongoing education courses.

[professionaleducation.diabetes.org/Catalog/Learning](https://professionaleducation.diabetes.org/Catalog/Learning)

# Upcoming Professional Conferences

DNIG supports Members in Ongoing Learning

## 2024

### [2024 Diabetes Canada/ CSEM Professional Conference](#)

**November 20–23, 2024**

*Halifax Convention Centre*

Learn about significant advances in diabetes research, treatment and care, attend original research presentations and take part in information sharing with leading diabetes, endocrinology, and related field experts.

[diabetes.ca/get-involved/conferences-\(1\)/csem-professional-conference](https://diabetes.ca/get-involved/conferences-(1)/csem-professional-conference)

## 2025

### [ADA 2025 Clinical Update Conference](#)

**January 31–February 2,  
2025**

*Orlando, Florida and Virtual*

Attendees learn practical guidance from diabetes care experts on the latest evidence and newest clinical practice recommendations and are a part of the first in-depth discussion on what's new in the annually updated Standards of Care in Diabetes—with an emphasis on application.

[clinicalupdate.diabetes.org](https://clinicalupdate.diabetes.org)

### [IDF World Diabetes Congress 2025](#)

**April 7–10, 2025**

*Bangkok, Thailand*

[idf.org](https://idf.org)

### [National Clinical Obesity Update–Obesity Canada](#)

**March 13–15, 2025**

*Fairmont The Queen  
Elizabeth*

*Montréal, Québec, Canada*

Tools and techniques to confidently manage obesity in your practice.

[obesitycanada.ca](https://obesitycanada.ca)



### [DUO25: Diabetes Update / Obesity Update](#)

**April 24–26, 2025**

*Westin Toronto Airport  
Hotel or virtually*

A hybrid medical congress that unites obesity and diabetes healthcare professionals from coast to coast in Canada. DUO 2025 combines the 2nd edition of Obesity Update and the 12th edition Diabetes Update, creating a seamless continuum of knowledge-sharing and networking.

[duocongress.ca](https://duocongress.ca)

### [American Diabetes Association 85th Scientific Sessions](#)

**June 20–23, 2025**

*Chicago, IL*

[professional.diabetes.org/  
scientific-sessions](https://professional.diabetes.org/scientific-sessions)

### [2025 Diabetes Canada/ CSEM Professional Conference](#)

**November 26–29, 2025**

*Metro Toronto Convention  
Centre*

[diabetes.ca/get-involved/  
conferences-\(1\)/  
csem-professional-confer-  
ence](https://diabetes.ca/get-involved/conferences-(1)/csem-professional-conference)



# Conference Funding Application

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Name

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Address

City

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Province

Postal Code

Phone

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Email

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RNAO membership #

DNIG Membership duration

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Employment status    Full time    Part time

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Employer

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Please tell us about the conference you wish to attend, approximate distance and your anticipated mode of transportation:

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\* **NOTE:** For reimbursement of agreed upon amount, an **expense report** and all receipts are to be submitted to DNIG, no later than 1 month following conference completion. Recipients are also asked to submit a **written report** on their experience to DNIG executive to share with membership.

**Please attach a 1-page document (maximum 500 words) outlining why you qualify for this funding.**

This brief personal summary must include:

1. Identified professional objectives for attending the diabetes conference.
2. Identified involvement (past/present) in diabetes professional practice/DNIG.
3. Identified strategy for sharing learning with nursing colleagues.

Please supply one professional reference:

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Name

Phone number

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I certify that all information contained in this application is true and accurate.

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Applicant signature

Date

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Please send completed scanned applications and any questions to the DNIG executive at [dnigchair@gmail.com](mailto:dnigchair@gmail.com).



# Virtual Conference Funding

Virtual learning experiences continue to be sponsored by DNIG. You are invited to submit your application for one (1) of ten (10) educational awards to attend a virtual conference, symposium, workshop or course.

These bursaries were developed to support the studies and clinical capabilities of all members. Each bursary, up to a maximum of \$500.00, will be awarded to cover virtual event registration fees.

Eligibility:

- Candidates must be DNIG members for one year or longer.
- Nine (9) non-student members and one (1) student member.
- Virtual programming is for 4 hours or longer.
- Content is relevant to the care of persons with diabetes.

## Application Process Guidelines

1. Complete the application form.
2. Submit application form at least 14 days before the start of the event to [dnigchair@gmail.com](mailto:dnigchair@gmail.com).
3. Selected bursary recipients will be asked to provide the official registration receipt and proof of event attendance. ■

# Virtual Learning Funding Application

Name

Address

City Province

Postal Code Phone

Email

RNAO membership # DNIG Membership duration

Employment status  Full time  Part time

Employer

Please tell us about the conference you wish to attend:

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\* **NOTE:** For reimbursement of agreed upon amount, all receipts are to be submitted to DNIG, no later than 1 month following event completion.

**Please attach a 1-page document (maximum 500 words)** to your application form stating your learning objectives and the relevance of the event's information for your professional nursing activities

I certify that all information contained in this application is true and accurate.

Applicant signature Date

Please send completed scanned applications and any questions to the DNIG executive at [dnigchair@gmail.com](mailto:dnigchair@gmail.com).