FACULTY DEVELEOPMENT GRANT GUIDELINES AND APPLICATION

PLEASE COMPLETE THE APPLICATION ON THE NEXT PAGE.

1. The grant calendar is July 1 – June 31.
2. The FDC has the authority to make all final decisions regarding funding amounts.
3. The maximum amount that will be awarded is $2,000 over a two year period.
4. CME funds should be exhausted (or committed) prior to requesting faculty development grant funds.
5. Society fees are not covered.
6. Completed grant applications should be sent to Carol Hulland at cmhulland@wisc.edu. The FDC meets monthly and the application will be discussed at the regularly scheduled meeting.

POST AWARD REPORT

After completing the training, we'll feature your Faculty Development activity in the Ob-Gyn newsletter. Please provide a brief summary and send to Carol Hulland at cmhulland@wisc.edu

1. Identify your activity - title of training and the sponsoring organization
2. Highlight your take-aways from this activity
3. What did you learn that is impacting your work?
4. How will your experience and what you learned in your training benefit the broader department of Ob-Gyn?

Department of
Obstetrics and Gynecology
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

FACULTY PROFESSIONAL DEVELOPMENT GRANT APPLICATION

Please complete the application and email it to the Faculty Development Committee Coordinator Carol Hulland at cmhulland@wisc.edu.

Your Name_____ **Today's Date**_____

Describe the professional development activity (include the brochure):

Briefly explain why you see this as important and how you feel it will improve your effectiveness:

How does requested activity relate to the needs of the Division and Department?

Share the knowledge! What is your plan to share what you have learned with the department?

Total $ amount requested:

Are all of your CME funds expended? Or are you combining them with this? Yes

Any other funds to be used in combination with this grant? Yes

Please complete the included Travel & Reimbursement Pre-Approval form on the next page. Include your best estimate on the breakdown of costs (e.g. registrations, air travel, local transport, lodging, meals not provided to you, misc.). Carol Hulland will submit the form to Jonie for you.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

Travel & Expense PRE-APPROVAL Form

This form is **REQUIRED** for ALL travel, ALL CME funded, and ALL recruitment related expenses. Approval is required prior to the submission and processing of any reimbursements for the above listed expenses.

Please remember this is a departmental level approval of the travel and/or expense itself. If the expense is to be paid by CME funds, your total annual reimbursements are limited to your specific annual CME allocations. If this expense is to be paid from departmental/divisional funds, an authorization/approval (an email from the approving authority works) is required to accompany your approval form.

Please email your completed form to jbonfield@wisc.edu for CME balance check. It will be forwarded to Dan Egan OR Kara Mulligan and returned with approval/denial.

YOUR INFORMATION

Full Name: _____ Division: 6100001 Admin

TRAVEL/EXPENSE INFORMATION

WHAT IS YOUR EXPENSE? Org dues? Conference Travel? Book Club event? Division Event?Provide the date, location, estimated number of people expected.

BENEFIT STATEMENTS- How does this expense benefit YOU? The UW? The DEPT?

EXPENSE ESTIMATES

Provide us with a general estimate of what your expense will cost. Is it per person, or total?

Reg$	Airfare	Lodging	Meals	Transport	Misc	**Total**
						$0

SIGNATURES

Employee: _____ Date: _____

Approval: _____ Date: _____

PRINT SAVE FORM