



FACULTY DEVELOPMENT GRANT GUIDELINES AND APPLICATION

1. The grant calendar is July 1 – June 30
2. The Professional Development Committee has the authority to make all final decisions regarding funding amounts
3. The maximum amount that will be awarded is \$2,500 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, cmhulland@wisc.edu
7. The PDC meeting monthly. Application will be discussed at the regularly scheduled meeting

POST AWARD REPORT (Required)

After completing the training, your Faculty Development activity will be featured in the Ob-Gyn e-news. Please email cmhulland@wisc.edu with a brief summary to include:

1. Identify your activity – title of training and 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?

APPLICATION INSTRUCTIONS

Email completed application to Professional Development Committee Coordinator, Carol Hulland cmhulland@wisc.edu

Application includes completed Travel & Expense Pre-Approval Form.
Send email to purchasing_obgyn@wisc.edu to confirm your CME balance

PROFESSIONAL DEVELOPMENT GRANT APPLICATION

Your Name:

Today's Date:

Describe the professional development activity (include the brochure, or a link):

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

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

What is your plan to share what you have learned with the Department?

Total \$ amount you are requesting:

Are your CME funds expended? (email purchasing_obgyn@wisc.edu to confirm)

Are there other funds to be used in combination with this grant? If so, please identify:

Complete the Travel & Reimbursement Pre-Approval form on the next page. Include your best estimate on the breakdown of costs (registration, air travel, local transportation, lodging, meals not provided, miscellaneous).

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

SIGNATURES

Employee:

Date:

Approval:

Date:

PRINT

SAVE FORM