

# OFFICE OF THE DEAN

## APPLICATION FOR SUPPLEMENTAL

## PROFESSIONAL DEVELOPMENT FUNDS

**INSTRUCTIONS**: Faculty members in the CNHS are eligible to apply to the Dean’s

Office for additional professional development dollars under the following conditions:

* Professional development funds provided through external grants and/or endowments, and professional development funds allotted per CBA and have already been used or will be used in full for proposed activity, for which Dean’s Office funding is being requested
* Requests can only be used for attendance at a state, regional, national or international conference that will directly support a faculty member’s ability to enhance their teaching OR for attendance at a national or international conference at which a faculty member is presenting their research (i.e., theoretical, practice-based, basic science, applied, translational, etc.)
* Applications will be considered beginning October 1 through February 1
* Faculty members can only apply for support to attend one conference per year
* If funding requests exceed the dollars available, preference may be given to faculty who will be going up for reappointment, tenure or promotion and to those who are attempting to move their research in a new direction

The funding amount will be determined each academic year. Applications will be accepted by the first of each of the following months: October 1, December 1, and February 1. Decisions will be made by the 15th of each of these months with dollars awarded until funds are gone.

Applications will be reviewed by the CNHS Research Committee. The committee will make funding recommendations to the Dean, who will make the final selection.

Applications should be submitted electronically as a single pdf file to the CNHS Research Committee ([cnhsresearch@med.uvm.edu](mailto:cnhsresearch@med.uvm.edu)).

**APPLICATION FOR SUPPLEMENTAL PROFESSIONAL DEVELOPMENT FUNDS**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUEST FOR: \_\_\_\_\_\_ Enhancing teaching innovation

\_\_\_\_\_\_ Presenting research

CONFERENCE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONFERENCE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONFERENCE LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE ALREADY USED AVAILABLE

GRANT FUNDING: \_\_\_\_\_ YES \_\_\_\_NO \_\_\_\_N/A

ENDOWMENT FUNDING: \_\_\_\_\_ YES \_\_\_\_NO \_\_\_\_N/A

CBA FUNDING: \_\_\_\_\_ YES \_\_\_\_NO \_\_\_\_N/A

REQUEST FOR PROFESSIONAL DEVELOPMENT FUNDS TO ENHANCE TEACHING

If you are requesting professional development funds for enhancing your **teaching**, please respond to the following questions:

1. Please check the CNHS strategic objectives which apply to your request with a brief (one sentence) justification
2. \_\_\_\_ EDUCATION GOAL 1: Provide a high-quality effective educational environment for students, faculty, staff, and other community stakeholders that leads to excellent measurable outcomes.

Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_ EDUCATION GOAL 2: Cultivate an environment that is diverse and inclusive. Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_ RESEARCH GOAL 1: Grow our research endeavor

Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_ SERVICE GOAL 1: Support our campus and community through service in health-related arenas

Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_ SERVICE GOAL 2: Partner with key constituents to provide pathways for practice that meet community health care needs.

Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_ CNHS Supports Goal 1: Foster faculty and staff excellence

Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To what course or courses do you intent to apply your new learning?

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number** | **Course Name** | **Number of Credits** | **UG/GR** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Are you willing to share the information you gained while attending the conference through a presentation at a brown bag lunch or at a college faculty meeting?

\_\_\_ YES \_\_\_ NO

1. Other comments you would like to be considered in the review of your application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE OUTLINE THE BUDGET YOU ARE REQUESTING BELOW: (please include any other funding sources you have received to facilitate your participation)

Airfare \_\_\_\_\_\_\_\_\_\_\_\_\_

Lodging \_\_\_\_\_\_\_\_\_\_\_\_\_

Meals \_\_\_\_\_\_\_\_\_\_\_\_\_

Registration \_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_

Support from Department/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_

Support from other sources: \_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL REQUESTED FROM THE DEAN’S OFFICE: \_\_\_\_\_\_\_\_\_\_\_\_\_

REQUEST FOR PROFESSIONAL DEVELOPMENT FUNDS TO PRESENT RESEARCH

If you are requesting professional development funds to present your research at a national or international conference, please respond to the following questions:

1. Please check the CNHS strategic objectives which apply to your request with a brief (one sentence) justification
2. \_\_\_\_ EDUCATION GOAL 1: Provide a high-quality effective educational environment for students, faculty, staff, and other community stakeholders that leads to excellent measurable outcomes.

Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_ EDUCATION GOAL 2: Cultivate an environment that is diverse and inclusive. Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_ RESEARCH GOAL 1: Grow our research endeavor

Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_ SERVICE GOAL 1: Support our campus and community through service in health-related arenas

Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_ SERVICE GOAL 2: Partner with key constituents to provide pathways for practice that meet community health care needs.

Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_ CNHS Supports Goal 1: Foster faculty and staff excellence

Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In what format will you be presenting your research?

\_\_\_\_ Seminar

\_\_\_\_ Technical Paper

\_\_\_\_ Poster

\_\_\_\_ Panel

\_\_\_\_ Other

1. Title of your presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Approximate size of the conference (numbers attending): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is this a new direction for your research? \_\_\_\_ Yes \_\_\_\_ No
4. Will you be publishing this work?

\_\_\_\_ Yes (Indicate where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_ No (Indicate why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. Other comments you would like to be considered in the review of your application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE OUTLINE THE BUDGET YOU ARE REQUESTING BELOW: (please include any other funding sources you have received to facilitate your participation)

Airfare \_\_\_\_\_\_\_\_\_\_\_\_\_

Lodging \_\_\_\_\_\_\_\_\_\_\_\_\_

Meals \_\_\_\_\_\_\_\_\_\_\_\_\_

Registration \_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_

Support from Department/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_

Support from other sources: \_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL REQUESTED FROM THE DEAN’S OFFICE: \_\_\_\_\_\_\_\_\_\_\_\_\_