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

Twenty thousand dollars has been allotted to this initiative for each academic year. Applications will be accepted by the first of each of the following months—October 1, December 1, and February 1 and decisions will be made by the 15th of each of these months with dollars awarded until funds are gone. Please complete the following application and submit to the Dean’s Office. The Dean will review all applications.
APPLICATION

NAME: ____________________________ DATE: ______________________

REQUEST FOR:   _____ Enhancing teaching innovation
                _____ Presenting research

CONFERENCE NAME: _____________________________________________________

CONFERENCE DATE: ______________________________________________________

CONFERENCE LOCATION: ________________________________________________

HAVE ALREADY USED AVAILABLE

GRANT FUNDING:   _____ YES   _____ NO   _____ NA

ENDOWMENT FUNDING:  _____ YES   _____ NO   _____ NA

CBA FUNDING:    _____ YES   _____ NO   _____ NA

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)
   a. _____ 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: ____________________________________________________________

   b. _____ EDUCATION GOAL 2: Cultivate an environment that is diverse and inclusive.
      Justification: ____________________________________________________________

   c. _____ RESEARCH GOAL 1: Grow our research endeavor
      Justification: ____________________________________________________________

   d. _____ SERVICE GOAL 1: Support our campus and community through service in health-related arenas
      Justification: ____________________________________________________________
e. __ SERVICE GOAL 2: Partner with key constituents to provide pathways for practice that meet community health care needs
Justification: _____________________________________________________________

f. __ CNHS Supports GOAL 1: Foster faculty and staff excellence
Justification: _____________________________________________________________

2. What course or courses do you intend to apply your new learning?

<table>
<thead>
<tr>
<th>COURSE Number</th>
<th>COURSE Name</th>
<th>Number of Credits</th>
<th>UG/GR</th>
</tr>
</thead>
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<tr>
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</tbody>
</table>

3. 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

4. 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)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airfare</td>
<td>______</td>
</tr>
<tr>
<td>Lodging</td>
<td>______</td>
</tr>
<tr>
<td>Meals</td>
<td>______</td>
</tr>
<tr>
<td>Registration</td>
<td>______</td>
</tr>
<tr>
<td>Other:</td>
<td>______</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td>______</td>
</tr>
</tbody>
</table>

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)
   a. __ 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: _____________________________________________________________

   b. __ EDUCATION GOAL 2: Cultivate an environment that is diverse and inclusive.
      Justification: _____________________________________________________________

   c. __ RESEARCH GOAL: Grow our research endeavor
      Justification: _____________________________________________________________

   d. __ SERVICE GOAL 1: Support our campus and community through service in health-related arenas
      Justification: _____________________________________________________________

   e. __ SERVICE GOAL 2: Partner with key constituents to provide pathways for practice that meet community health care needs
      Justification: _____________________________________________________________

   f. __ CNHS Supports GOAL 1: Foster faculty and staff excellence
      Justification: _____________________________________________________________

2. In what format will you be presenting your research?
   _____ Seminar
   _____ Technical Paper
   _____ Poster
   _____ Panel
   _____ Other

3. Title of your presentation: _____________________________

4. Approximate size of the conference (numbers attending): _________________

5. Is this a new direction for your research? _____Yes ______No

6. Will you be publishing this work?
   _____ Yes (Indicate where: _____________________________)
   _____ No (Indicate why: _____________________________)
7. 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)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
</table>
| Airfare       | _______
| Lodging       | _______
| Meals         | _______
| Registration  | _______
| Other:        | _______
| TOTAL:        | _______
| Support from Department/Program: | _______
| Support from other sources: | _______
| TOTAL REQUESTED FROM THE DEAN'S OFFICE: | _______