

Department of Family and Community Medicine
REQUEST FOR INDIVIDUAL FACULTY PROFESSIONAL DEVELOPMENT FUNDS

Name: _____ Position Title(s): _____ Date: _____

Total FTE: _____ (Note: Must be at least .51)

Title of workshop/conference: _____

Organization: _____

Location: _____

Date(s): _____

Is this a workshop? Yes No

Is this a conference? Yes No

If yes, are you presenting? Yes No

If yes, is it peer-reviewed? Yes No

If yes, is it invited? Yes No

If no, you will be required to present or summarize important information learned at the conference

If this is CME, have you used all your CME funds? Yes No

If no, you are not eligible.

The workshop/conference will directly benefit: Specific Project Specific Program DFCM
 (Please check all that apply.)

Please state briefly what you hope to gain from this workshop/conference, and how it relates to your current job duties, and/or short or long-term goals. (Attach an additional page if necessary.)

Have you received DFCM Pro-D funds this fiscal year? Yes No

Do you currently have Research Start-up Funds? Yes No

If yes, you are not eligible.

AMOUNT OF FUNDS REQUESTED (Please note: There is a \$2000 maximum per individual request.)

Workshop/ Conference	\$
Transportation	\$
Per Diem	\$
Lodging	\$
Other	\$
Subtotal	\$
Personal/Project/Other Contribution (if applicable)	\$
Total Pro-D Request (less personal/project/other contribution, if applicable)	\$

Please submit this form to FCM Business Office (fcm-businessoffice@email.arizona.edu) 90 days prior to the workshop/conference.