

UWO-DOM FACULTY DEVELOPMENT FUND

GUIDELINES FOR APPLICATION

(Revised – September 2000)

FACULTY DEVELOPMENT FUND (FDF)

Objective: to support faculty attendance at courses, symposia or training programs designed to enrich the academic profile of both the attendee and the Division/Department

Scope: support may be granted for courses or symposia in the general areas of:

- 1) educational development
- 2) leadership and administrative skills
- 3) innovations in patient care
- 4) new techniques, skills and procedures

examples might include the annual Royal College Conference on Residency Education (especially for new Program Directors) and Physician Management Institute courses (especially for new Division Chairs)

requests for support to attend basic or clinical research conferences will not be considered, unless they are related to the above areas

Eligibility: all contracted faculty of the UWO Department of Medicine

Awards: up to \$1000 annually per faculty member; a larger award would be considered only under very special circumstances. Original receipts must be submitted to Sue Thomsen prior to disbursement of funds.

Competition: thrice annually (February 1st, June 1st and October 1st)

the application form must be signed by the Division Chair and must be accompanied by pertinent details of the educational event. Details of expenses must be provided. Please list all other funds (a) received, and (b) applied for.

Adjudication: by the UWO-DOM Faculty Development & Continuing Education Committee.

Assessment: you will be asked to report back to this Committee as to the usefulness of the educational event for which funds were awarded

UWO-DOM FACULTY DEVELOPMENT FUND APPLICATION

Name of Faculty Member: _____

Address: _____

Phone: _____

FAX: _____

Nature of Request: (for conference, include title, location & dates)

*** ATTACH ADDITIONAL MATERIALS OUTLINING THE CONFERENCE OR OTHER ACTIVITY, INCLUDING ASSOCIATED COSTS & OTHER FUNDING (maximum 3 pages)**

Amount Requested: _____

Objective(s): how can these funds be used to enrich the academic profile of the attendee and/or the Division or Department?

Signature of Applicant: _____

Signature of Division Chair: _____

Return completed Application forms to:
Department of Medicine - Finance Office
Victoria Hospital, E6-112
Email: DOMFINANCE@LHSC.ON.CA