

Academic and Leadership Support Fund

REQUEST FOR LEADERSHIP TRAINING SUPPORT

SELF-NOMINATIONS ONLY

Application Form

Support Fund Checklist

Applicant Checklist

Action	Status
Completion of application	
Pre-screening meeting with the Chair	

Payment Checklist

Action	Status
DTPC decision	
Receipt or proof of payment for release of funds	

Name of Applicant:	Date of Application:
Clinical Practice Address:	Amount of funds requested: \$

Have you served in an academic capacity with the DFM for at least two (2) years? **YES NO**

Is your academic rank at the level of Assistant Professor or higher? **YES NO**

Have you previously received funds from the Academic and Leadership Support Fund on this particular topic?

YES NO

If yes, please specify:

Training Information:

Name of Leadership Training:	Duration:
Location:	Dates:

Provide a brief description of the program:

Describe how this program is linked to your career goals:

Describe how your successful completion of this leadership program will benefit the Department of Family Medicine:

The fund was created to enrich DFM's academic mission and/or allow for more effective succession planning. Describe how you could share the key learnings of this leadership program with fellow faculty members and/or residents (i.e., lunch and learn; faculty development workshop, coaching, mentoring, etc.).

Provide any other information relevant to the consideration of this request.

[Signature of Author/Requestor]

Date

[Signature of Approver]

Date