

Rady Faculty of Health Sciences

Department of Family Medicine

Elective Professional Development Application Form	
(To Support DFM "Professional Development Policy & Procedures")	
Name:	Email:
Department Position:	Work Phone:
Work Address:	
I am classified as a: Continuing (permanent) position	n 🗆 Project/Term position 🗆 Nil-Salaried Appointment
Detailed description of professional development request: how the professional development request (1) meets an identified departmental need or priority of its academic mission and strategic goals; or (2) relates to the enhancement or sustainability of a specific role or position the staff member holds within the department.	
List funding received and/or applied for from other sources outside of the Department of Family Medicine:	
Signature:	Date:
Required Attachments:	I
 Description of the event (e.g., course description; conference agenda etc.) Supporting letter from direct supervisor 	
 Supporting letter from direct supervisor Funding amount/details being requested (i.e. resources/tuition/registration/travel/accommodations etc.) (if applicable) 	

Please direct your completed application form well in advance to:

Debby Hando, c/o Dept. of Family Medicine, S100 Medical Services Building, 750 Bannatyne Ave, Winnipeg, MB., R3E 0W2; or by email: <u>debby.hando@umanitoba.ca</u>)