

**APPLICATION FOR SMGH FOUNDATION
GRANT FOR MEDICAL PROFESSIONAL EDUCATION FUNDING**

Applicant: _____ **Title/Position:** _____

Department / Area: _____ **Email/Phone:** _____

Name of Program: _____

Date of Program: _____ **Duration:** _____

Location of Program: _____ **Amount Requested: \$** _____

<i>Please Read Prior to Completing Application</i>

- Please **review this application** with your Department Chief/Director/Manager as to how this course/program will benefit your department objectives and of the Hospital prior to applying for funding.
 - Anyone receiving funding must be willing to **donate any books or resources** acquired so that others may have access to information and must be willing to share information acquired.
 - An **evaluation of the approved course** will be completed and returned to the Departmental Chief/Director/Manager and the CEO of SMGH Foundation no later than one month after completion of the course/program.
 - Each question in the ***Relevancy & Priority Criteria*** section below will be awarded points to a total of 20. A **minimum of 15 points** must be obtained to be considered for funding approval.
 - Please **include documentation** such as invoice &/or receipts, certificates, transcripts, etc
 - Reimbursement will not be made without all required documents being submitted
- 1: GIVE A BRIEF OVERVIEW OF THE PROGRAM INCLUDING CURRICULUM, TIMELINES, EFFICACY, ETC:**

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2: RELEVANCY CRITERIA (10 points)

- a) How is the requested program related to your duties or as outlined in your job description?

OR

- b) If the requested program is not in the current job description, how will it enhance your performance as a physician or employee at the Strathroy site of the Middlesex Hospital Alliance? Please be specific.

3: PRIORITY CRITERIA (10 points)

How is the program viewed as a *high priority need* within your department? How does it fit in with the Hospital's objectives, goals, and vision?

4: Program Costs and funding:

- a) What is the requested program's cost?

1. Tuition/Registration: \$ _____
2. Books/Materials: \$ _____
3. Travel/Meals/Accommodation (as per SMGHF's Policy): _____
4. Total program cost: \$ _____

- b) Describe other means for receiving this program or information. Is this a program that could be brought to the department/hospital for the benefit of others?

- c) What alternative sources of funding have been considered?

- d) Have you received funding from this committee previously? Yes No
If so when/and for what program?

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Additional Information/Comments (please use back of application form if more space required):

Signature of Applicant:	Signature of Department Chief/Manager:
Print Name:	Print Name:
<i>For SMGH Foundation use:</i>	Date Application Received:
Date Application Approved:	
Comments:	