

EMORY UNIVERSITY
PRIMARY CARE CONSORTIUM

LEARNER INITIATED PROFESSIONAL DEVELOPMENT (LIPD) REQUEST FORM

The Learner Initiated Professional Development Funds provides up to \$10,000 in funds each fiscal year to support learners seeking to engage in professional development activities that will lead to advancements in primary care at Emory. Activities eligible for funding include, but are not limited to: scholarly conference attendance for the purpose of giving an oral/poster presentation and leadership developmental meeting attendance for the purpose of learning leadership skills. Any Emory learner (students, residents, or fellows) may apply.

Date Submitted:

CONTACT INFORMATION

Please provide the name and contact information of the individual responsible for fund distribution and reporting:

Name	
E-mail	
Phone	
Alt. Phone	

ACTIVITY

Please provide the following information:

Name of Conference/Event	
Date(s) of Conference/Event	

Please list any additional funding you have secured for this conference/event:

Organization	Amount	Allocation of Funds
	\$	
	\$	
	\$	

Please provide a description of the conference/event in the space below:

Please describe the primary care focus of the conference/event:

Please describe the significance/impact of the conference/event's activities in regards to your professional development:

FUNDING

Please provide the total amount requesting:

Total	
-------	--

Please provide a breakdown of the total requested amount above:

Catering	\$	Flight (Travel)	\$	Ground Trans. (Travel)	\$
Space	\$	Lodging (Travel)	\$	Registration/Admin Fees	\$
Speaker Fees	\$	Meals (Travel)	\$	Other	\$

If other, please specify: _____

*Please note: meals per diem limited to \$80/day per person.

Please provide a justification for each line item requested above:

--

OUTCOME

Please describe your involvement with the conference/event, including the abstract of your accepted presentation:

--

* If you are presenter at the conference/event, please take a photo of yourself with your poster and/or title slide for submission upon the conclusion of the conference/event.

SIGNATURES

Signature	
Name	
Date	

*E-mail your request to the Primary Care Consortium BOX folder with #PCCSponsorship in the subject line.