

Continuing Professional Development for Medical Staff Funding Program for Visiting Speakers

Medical Staff Engagement and Development has set aside \$10,000 annually within a special purpose fund to subsidize Visiting Speakers for continuing medical education activities organized by the Departments and/or Divisions of Island Health.

Visiting speakers will be subsidized up to a maximum of \$2,000 per speaker to go toward honoraria and travel. A maximum of five (5) speakers per fiscal year will be subsidized.

Guidelines for Funding Assessment

1. All Departments and Divisions having a formal rounds program are eligible to apply.
2. Departments and Divisions may apply more than once annually for funds from the program.
3. All applications must be on the official application form.
4. The funds may be used to supplement funding from other sources.
5. Successful applicants undertake to acknowledge the financial support from Medical Staff Engagement and Development, Medical and Academic Affairs at the time of introducing the Visiting Speaker and on any announcement brochures for the Visiting Speaker.
6. Applications must include the support of the Department/Division Head by way of signature (see application).

Process

The Executive Medical Director, Medical and Academic Affairs will review and approve all applications that meet the guideline criteria.

Please forward completed applications to Medical Staff Engagement and Development either by email at MedStaffDevelopment@viha.ca or by interoffice mail to RJH, Memorial Pavilion, Kenning Wing, Room 303.

Questions regarding this application can be directed to Antoinette Picone, Coordinator, Medical Staff Engagement and Development (Antoinette.Picone@viha.ca or phone 250-370-8425).

APPLICATION FORM VISITING SPEAKER FUNDS

Name of Department/Division: _____

Name of Applicant: _____ Phone: _____

Email: _____

Name of Visiting Speaker: _____

Address of Speaker: _____

Proposed Topic for Presentation: _____

Date of Proposed Visit: _____

Meeting eligible for MainPRO/Maintenance of Certification Credits: **Yes** **No**

Amount applied for: **Honoraria:** \$ **Travel:** \$

What are the expected learning outcomes from this event?

Please explain why this speaker is the preferred source of information you require?

If this application is successful, I undertake to acknowledge the financial support from the CPD Department at the time of introducing the Visiting Speaker and on any announcement brochures.

Signature of Applicant: _____

Signature of Department/Division Head: _____ **Date:** _____

Date received: _____

Approved: **Yes** → **Honoraria:** \$ **Yes** → **Travel** \$

No

EMD, Medical and Academic Affairs _____	
Signature: _____	Date: _____