



Collaborating for Professional Growth

CONTINUING PROFESSIONAL DEVELOPMENT FOR PHYSICIANS VANCOUVER ISLAND HEALTH AUTHORITY Funding Program for Visiting Speakers

The Department of Continuing Professional Development for Physicians has set aside \$10,000 annually to subsidize Visiting Speakers to the Medical Departments or Divisions of the Vancouver Island Health Authority (VIHA).

The CPD Department will provide up to \$2,000 per Visiting Speaker i.e. five speakers will be subsidized. This amount includes honoraria and travel.

Process

Applications for funding must be forwarded to the CPD Department (see attached form, available from CPD Office 250-739-5971). The Medical Director of CPD and two members of the CPD Committee will review each application.

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 the CPD Department at the time of introducing the Visiting Speaker and on any announcement brochures for the Visiting Speaker.

APPLICATION FORM CPD 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: _____

CPD Committee

Date received: _____ Date Reviewed: _____

Approved: Yes No

If approved: Honoraria amount: \$ _____ Travel Amount: \$ _____

CPD Medical Director's signature: _____ Date: _____

Revised Dec-09