

## THE VIHA CPD VISITING PROFESSOR PROGRAM

VIHA's Continuing Professional Development (CPD) Program has approved funding of up to \$5,000 for an annual visiting speaker presentation to be titled "The VIHA CPD Visiting Professor Presentation." The funds include honorarium and travel costs.

### **Process**

All applications must be submitted on the official application form (see attachment) to the CPD-KT Department. A Committee consisting of the CPD Medical Director, the Coordinators of Family Medicine CPD and one other VIHA CPD Member will review the application, and, where appropriate, approve it. If there is an application from the Department of Family Medicine, then another member of the VIHA CPD Committee shall take his/her place.

### **Guidelines**

All Departments or Divisions are eligible to apply.

All applications must be submitted on the official application form.

The VIHA CPD Visiting Professor Presentation should be of a general nature, capable of attracting a large and wide physician audience.

The Visiting Speaker may deliver other, more select, presentations to the sponsoring department or division.

Supplementary funding from other sources may be used.

The sponsoring Department or division must undertake to:

- Advertise the meeting as "The VIHA CPD Visiting Professor Presentation."
- Acknowledge the funding support of the CPD Department
- Provide a full accounting of the costs of the Visiting Professor Program to the CPD Department



**THE VIHA CPD VISITING PROFESSOR PROGRAM**

**Application Form**

Sponsoring Department/Division: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of "Visiting Professor"  
\_\_\_\_\_

Address of Speaker: \_\_\_\_\_

Proposed Topic for Presentation:  
\_\_\_\_\_

Date of proposed visit: \_\_\_\_\_

Amount applied for: Honorarium \$ \_\_\_\_\_ Travel Costs: \_\_\_\_\_

Please provide any supporting documentation or comments as attachments

The sponsoring Department/Division agrees to

- Advertise the meeting as "The VIHA CPD Visiting Professor Presentation"
- Acknowledge the funding support of the CPD Department
- Provide a full accounting of the costs of the Visiting Professor Program to the CPD Department

Applicant's signature: \_\_\_\_\_

Department/Division Head's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Date received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Approved:      Yes                              No

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

CPD Medical Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_