**Educational Enhancement Grants**

**LSU Health Teaching Academy**

**Faculty Development Travel Supplement Award Proposal**

**2016-17**

|  |  |
| --- | --- |
| **Date of Proposal**: | |
| **Name**: | **Position**: |
| **Department**: | **School**: |
| **Telephone**: | **FAX**: |
| **Email Address**: | |
| **Campus Physical Address**: | |
| **Total Funds Requested for Travel Award**: $ | |
| **Total Department/Program Funds Committed**: $ | |
| **Describe the activity, its purpose and specific goals associated with this travel. Include an itemized list of how both EEG and department funds will be used.** | |
| **How do you intend to disseminate relevant information and insights to others following completion of the proposed activity?**  *(Read this and then highlight to replace with your response: Describe LSU Health faculty members who are potentially interested and could benefit from your activity? In what form will you disseminate or share information (e.g., submit summary of activity or brief abstract for publication in the Academy newsletter, offer a faculty development workshop, small group discussion, or brief presentation at a faculty or department meeting based on what was learned, provide brief presentation at a faculty or department meeting).* | |
| **Check the item that best fits the activity for which travel funds are requested:**  \_\_\_\_\_ Attend professional meeting/conference only (no presentations)  \_\_\_\_\_ Presentation(s) at professional meeting/conference  \_\_\_\_\_ Other professional development activity Please describe in detail: | |
| **Required documentation (check items that have been attached, as appropriate to this travel proposal):**  **\_\_\_\_\_** For presentations, include copy of presentation title and proposal/abstract  \_\_\_\_\_ For presentations, include copy of acceptance letter or email message  \_\_\_\_\_ For professional development requiring acceptance of application, include application and evidence of acceptance into the program/course.  \_\_\_\_\_ Copy of conference brochure and/or detailed summary of conference/program that includes sponsoring organization, documents date of conference/program, associated fees, etc.) | |

The undersigned agree to all policies and procedures pertaining to the Teaching Academy Educational Enhancement Grant (EEG) program and those set forth by LSU Health for travel. Within 60 days of completion of the travel activity, the awardee will submit to the Teaching Academy a completed Travel Award Final Summary Report. **NOTE**: Failure to comply with program stipulations will result in repayment of expended funds and revocation of any unused funds.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academy Member Date Sponsoring Dept. Chair/Program Director Date

**Educational Enhancement Grants**

**LSU Health Teaching Academy**

**2016-17 Faculty Development Travel Supplement Award**

**Final Summary Report**

**Must be submitted as a PDF of signed original to** [**academy@lsuhsc.edu**](mailto:academy@lsuhsc.edu) **no later than 60 days after completion of travel activity.**

|  |  |
| --- | --- |
| **Date of Report**: | |
| **Name**: | **Position**: |
| **Department**: | **School**: |
| **Telephone**: | **FAX**: |
| **Email Address**: | |
| **Campus Physical Address**: | |
| **Total Funds Awarded for Travel Award**: $ | |
| **Total Department/Program Funds Committed**: $ | |
| **Describe the extent to which you achieve the purpose and goals of the funded activity. Please be sure to also include any unanticipated outcomes or benefits.** | |
| **Please describe what and how you disseminated relevant information and insights to interested LSUHSC-New Orleans colleagues after completing the funded travel activity? If any products were created (e.g., summary report, presentation material), please attached a copy.** | |
| **Please describe any new or continued scholarly work or collaboration that has resulted from this funded travel activity.** | |

**Signatures:**

|  |  |  |  |
| --- | --- | --- | --- |
| Academy Member | Date | Sponsoring Dept. Chair/Program Director | Date |