The Professional Development Fund is available for St. Patrick Hospital employees and is funded by employee donations made through the Spirit of Giving “30 Minute Club.” We ask that St. Patrick Hospital employees use these funds wisely and respect the generosity of their co-workers.

- A signed request form must be submitted to the Foundation office at least **two weeks prior to attending a conference or workshop – no exceptions.**

- All applicants must be employees of St. Patrick Hospital for at least one year before applying for Professional Development funds. Only one request per year is allowed.

- Funding is reimbursed **after** the employee has submitted their receipts to the Foundation office and has provided their department with an in-service presentation.

- **In-service presentations must be completed within 60 days after attending a conference.** Funds for reimbursement will not be held longer than 60 days.

- **No** exceptions are made for employees applying for money **after** attending a conference or workshop.

- If attending a certification class results in a raise, Professional Development Funds are **not** awarded and are **not** awarded if attending courses for college credit - contact Human Resources for tuition assistance for certifications.

- Professional Development funds are **not** used to reimburse for alcohol. Meal costs are reimbursed on actual expenses (receipts required).

- Travel cost is reimbursed on actual expenses, **not** on mileage (gas receipts are required).

- Employees are encouraged to use the hospital van if more than one person is attending a workshop or conference.

- When two people of the same gender attend the same meeting, only the cost of one room will be reimbursed.

- Encouragement is given to attend different sessions when two people attend the same conference or workshop.

- Professional Development funds can be used to pay for a speaker to make a group presentation or for a teleconference where many staff may attend.
PROFESSIONAL DEVELOPMENT FUND REQUEST

1. Professional Development funds are donations made by employees - please use wisely and respect the generosity of your co-workers.

2. Requests are limited to one per calendar year. Completed request forms must be received in the Foundation office at least two weeks prior to the conference date.

3. If approved, reimbursement will be made after the employee completes the program and does an in-service presentation in their department. In-service must be completed within 60 days of attending the conference.

4. Attach conference information such as a schedule, course description or brochure for committee review

Date of Request: ________________________  Date of Conference: ________________________________

Name of Person Requesting Assistance: ___________________________________________________________________

Home Address including zip code: __________________________________________________________________________

Department or Unit: ____________________________ Date of Hire (yrs. of Service @ St. Pats) _______________________

Name of Conference: _____________________________________________ (A copy of conference information/materials required)

Please tell us your purpose in attending this conference: __________________________________________________________

________________________________________________________________________________________________________

How will you share the information learned from this conference? __________________________________________________

________________________________________________________________________________________________________

Costs Involved:

Cost of Registration: _______________ Early registrations due by: _______________

Travel Cost (Plane/Gas Receipts): _______________ Requested the hospital vehicle? ___Yes ___No

Lodging Costs: _______________ Sharing a room? ___Yes ___No

Estimated Total Cost of Conference: _______________

Funding Sources:

Department Educational Funds: _______________ Travel request completed? ___Yes ___No

Personal (out-of-pocket expenses): _______________

Other: _______________

Amount requested from Prof. Dev.: _______________ (maximum funded: $250)

Any additional information concerning this request: ____________________________________________________________

________________________________________________________________________________________________________

Printed name of Supervisor ____________________________

Signature of Supervisor ____________________________ Date ____________________________

**** Please route completed request form to the Foundation office****