



# Professional Development Fund (PDF) Application for funding

Please return your completed application form to Andrea Ancelin, Administrative Assistant, at [aeanceli@ucalgary.ca](mailto:aeanceli@ucalgary.ca) or Senior Associate Dean (Faculty Affairs), TRW 7E15, 3280 Hospital Drive NW, Calgary, AB, T2N 4Z6, before **Friday, January 31, 2020** (for July 1, 2020 to June 30, 2021 funding). For more information on the PDF and the application process, contact Dr. Todd Anderson, Senior Associate Dean, Faculty Affairs, at [tanderso@ucalgary.ca](mailto:tanderso@ucalgary.ca) or 403-220-4245.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Department: \_\_\_\_\_

Leave start date: \_\_\_\_\_ Leave end date: \_\_\_\_\_

Type of leave: Sabbatical  Other  \_\_\_\_\_

Term: 1 year  6 months  Other  \_\_\_\_\_

Member: Geographic full-time (GFT)  Major clinical (MCL)

Start date with the University of Calgary Medical Group (UCMG): \_\_\_\_\_

Net medical revenue for the last three years: 2019 \$ \_\_\_\_\_

\*For assistance with this information, 2018 \$ \_\_\_\_\_

contact Shelly-Ann Douse at 2017 \$ \_\_\_\_\_

[shellyann.douse@ucalgary.ca](mailto:shellyann.douse@ucalgary.ca) or  
403-220-4319.

Sabbatical support provided by university at: 100%  80%

Previous PDF received: Date \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Letter(s) attached from (evidence of department head approval must be attached):

Thank you for providing the above information, which is required in order to determine your eligibility for financial assistance from the PDF.

*I hereby agree that the information provided can be reviewed confidentially by the Senior Associate Dean (Faculty Affairs) and members of the UCMG Executive Council to determine my eligibility for financial assistance from the PDF.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_