**Professional Development Fund**

**Application for Reimbursement**

The Professional Development Fund provides supplemental funding to students for experiences that enhance their professional education.

**Submission Materials**

* Completed application
* AP Compliance Form (unless currently on University payroll)
* One (1) page explanation statement
  + Statement should include description of activity and the benefit provided to your educational experience
* Itemized budget with **original** receipts
  + If original receipts do not show proof of payment, include supplemental documentation (e.g. Itemized credit card statement with your name, cancelled check showing payment, etc…)
* Applications must be submitted in compliance with the Standing Rules of the Professional Development Fund. Failure to comply may result in denial of funding.

**Applicant Eligibility**

* Applicants must be enrolled and in good standing in Professional School at the University during the semester in which the eligible experience occurred, or the experience must have occurred during a summer semester between two academic years in which the applicant is enrolled. The Professional Schools include the College of Medicine, College of Dentistry, College of Law, College of Pharmacy, College of Optometry, and College of Veterinary Medicine only.
* The experience must have occurred within this application window (03/11/2016-03/10/2017)
* Students may submit 1 application per semester and two applications per academic year.
* Students are eligible for a maximum of $750 per academic year, regardless of the student’s number of events.

**Application Submission**

Applications must be hand delivered to the Student Government Suite (Room 2088 in the Center for Leadership and Service) at the Ohio Union.

The Ohio Union

Center for Leadership and Service, Room 2088

1739 North High Street

Columbus, Ohio 43210

**Hours for submission**: Monday- Friday: 9:30am – 5:30pm; 9/23/16: 9:30am – 6:00pm

**Eligible Expenses Guidelines**

The following information serves to assist potential applicants in determining what possible experiences may be reimbursed. Please reference the Standing Rules for the Professional Development Fund additional information.

**Eligible Experiences:**

* Conferences
* Externships
  + Any activity done for academic credit or pay/salary is not eligible for funding.
  + Externships are defined by the individual professional schools.
* Research Presentation Experiences
* Other experiences which demonstrate professional value

**Possible Eligible Expenses:**

* Travel to and from the eligible experience:
  + Airplane tickets, rental car fees (not including gas or mileage), train tickets, bus tickets, etc.
  + If traveling by personal vehicle mileage will be reimbursed at the state rate per mile. Please include a print out from Google Maps detailing the route you drove. Please do not turn in gas receipts.
  + Airport parking fees
* Registration fees are reimbursable. This may include food if a banquet or other meal is inseparable from the registration fee.
* Lodging is reimbursable.
* Some other costs may be considered reimbursable. These items will be reimbursed at the discretion of the Justices.

**Non-allowable expenses include:**

* Food
* Alcohol
* Entertainment
* Travel for interviews

\*\* Note that you are not able to apply for IPC funding if you already have applied and received (or plan to receive) reimbursement from another source of funding.

**\*\*\*\* APPLICATIONS ARE DUE TO THE INTER-PROFESSIONAL COUNCIL OFFICE AT THE OHIO UNION (RM: 2088)** **ON MARCH 10, 2017**

**Application for Professional Development Fund**

1. **Personal Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email & Student Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Have you set up/received payment from the University payroll in the last 180 days?: \_\_\_\_\_\_\_\_\_**

**\*\*\*\*If yes, then you do not need to complete an AP Compliance Form\*\*\*\***

**Current Professional School: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Experience & Reimbursement Information**

**Experience Category:**

* Conference
  + Attendant
  + Presenter
* Externship
* Other, please explain: **­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Hours of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of Reimbursement Requested ($750 maximum annually): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you applied for funding from other sources?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, when will you know of these other awards?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you previously applied for Professional Development Funds?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, please list the semesters(s), year(s), and name of experience(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Certification**

I hereby certify that all information included in this application is true to the best of my knowledge and that all expenses detailed in this application directly relate to a professional development experience. Furthermore, I agree to disclose all other funding sources related to this trip. I understand that if I fail to disclose funding within 15 days of the notification of such an award or if I have falsified any information, I will be required to return any funding received and I will lose all rights to future funding from the Inter-Professional Council.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only:**

Amount to be Reimbursed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vice President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Justice Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_