

Office of Faculty Development Leadership Development Grant Proposal

Last Name

First Name

Academic Title

Division/Department

E-mail

Contact Phone Number

Please describe your professional goals and your rationale for pursuing further leadership/professional development in your area of interest.

Please provide a concise description of the leadership/professional development activity you pursuing. Include duration, location and relevant web page information.

Please describe how you plan to locally disseminate the knowledge and/or skills gained from this activity (e.g. faculty development activity, quality improvement project, etc.) or otherwise contribute to the faculty development mission of the Department of Pediatrics and Children's Hospital of Pittsburgh of UPMC.

Budget Justification
(Total cannot exceed \$1500)

Item (e.g. registration fee, travel, accommodations, etc)	Cost
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Please submit all materials to [Melissa M. Tavarez, MD](#)