



## Clinical Professional Development Fund Departmental Commitment Form

### Application Details:

|                    |  |                  |  |
|--------------------|--|------------------|--|
| Department         |  |                  |  |
| Dept Head          |  |                  |  |
| Candidate          |  | Position         |  |
| Program Start Date |  | Program End Date |  |
| Application to:    | <input type="checkbox"/> Develop Clinical Skills<br><input type="checkbox"/> Upgrade Clinical Skills |                  |  |

### Signatures:

|                 |  |      |  |
|-----------------|--|------|--|
| Department Head |  | Date |  |
| Candidate       |  | Date |  |

1. Provide a summary of the steps that will be taken to ensure that there will be no decrease in clinical productivity of the department as a result of the candidate's proposed program of study.
2. Describe the quality of the candidate, including clinical experience and leadership along with qualifications and potential for advancements of clinical skills.
3. Describe the quality of the environment, including opportunities for collaboration and mentoring and support systems.
4. Describe how this proposal will benefit the clinical environment and/or the School of Medicine.





