https://myportal.msm.edu/images/msmlogo3.png

**OFAD professional Development Application**

**Name:**

**Title:**

**Department:**

**Date:**

**Instructions**

1. Obtain email approval from your department chair in support of your attendance or participation in professional development activities.
2. Obtain approval from the Dean of Faculty Affairs and Development by completing this form and submitting to [ofad@msm.edu](mailto:ofad@msm.edu) for review (forms should be submitted no later than thirty (30) days prior to registration deadline).

*Please note: OFAD is not able to support faculty development venues that are discipline-specific or restricted by specialty. We support broad-based venues that are applicable to all faculty members, regardless of their discipline or field, as exemplified in the announcements that we disseminate.*

**Please answer the questions below. Attach all supporting material to this form.**

|  |
| --- |
| 1. **Professional Development Activity Information** 2. **Name of Activity:** 3. **Location:** 4. **Travel Dates:** 5. **Cost of Entire Trip:** 6. **Purpose:** |

|  |
| --- |
| 1. **How will this professional development activity help you in developing your career here at Morehouse School of Medicine?** |

|  |
| --- |
| 1. **Have you attended this professional development activity before?** |

|  |
| --- |
| 1. **Could you see yourself presenting the professional development activity material at a seminar on campus? What would be the topic?** |

**Requestor’s Signature:**

**Chair’s Signature:**