

**\*\*FOR INTERNAL USE ONLY\*\***

**PROFESSIONAL DEVELOPMENT REQUEST FORM**

Please complete this form and submit to Barbara Paskewich, MH 324 or [bpaskewi@monmouth.edu](mailto:bpaskewi@monmouth.edu) to request funding and support for professional development activities



# MONMOUTH UNIVERSITY

The Marjorie K. Unterberg School of Nursing and Health Studies

Contact: *Barbara Paskewich, MSN, RN, MA, CHES*  
*Director of Professional Development and Special Projects*  
*Phone: 732-571-3694*

## PROFESSIONAL DEVELOPMENT REQUEST FORM

The Center for Professional Development has earmarked funds to provide professional development opportunities for the School of Nursing and Health Studies projects. Our goal is to bring one project per semester to fruition.

### USER INSTRUCTIONS

- Form Purpose: Use this form to request funding and support for professional development activities
- How to Complete this Form: Fill out this form on-line and then print it. Alternatively, print this form and complete by hand.
- How to Submit this Form: Submit a hard copy or email to Barbara Paskewich, MH 324 or [bpaskewi@monmouth.edu](mailto:bpaskewi@monmouth.edu)
- Deadline: This form must be received at least 10 weeks in advance, but preferably the semester before planned event

Date:

Name:

Phone:

Email Address:

Description of Suggested Training/Workshop/Conference:

Provide details describing objectives, topics and content to be covered:

Suggested Date(s) for Training/Workshop/Conference:

Suggested Location:

Suggested Length of Event:	Morning	Afternoon	Evening
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Requested Speaker(s):

Have you already been in contact with speaker? Yes No

If yes, please provide details including the speaker's organization, position, contact info and credentials):

Target Audience (please check all that apply): MU Students      MU Faculty      School Nurse  
APNs      Community Members      Other

Are you working with any other organization for this project? Yes      No

If yes, please provide details including the name of the organization and your point of contact (include their main role in the organization, contact information and credentials)

Number of Attendees Expected:

Will there be a fee for participants? Yes      No      If so, how much?

Are you requesting food? breakfast      lunch      dinner      coffee/tea

Anticipated total expense(including speaker, any travel, food, materials, etc):

Will you need on-line registration for participants?

Will you need tables, #?      Will you need audio visual setup?

Would you want to provide continuing education credits for participants (CE, CHES, etc)?

Will you have or do you need student assistance before/during?

### **Additional Information**

Please provide any additional information that will help us respond to this request.