

Requestor Information
Name: Today's Date: Address: Email: Phone Number: Department or Fellowship Name:
Check all that apply: <input type="checkbox"/> Clinical Staff involved in patient care <input type="checkbox"/> Employee of Children's Minnesota <input type="checkbox"/> First Time Request <input type="checkbox"/> Fellow <input type="checkbox"/> PEC Grant
Type of request
<input type="checkbox"/> I will be attending for personal development <input type="checkbox"/> I will be presenting a poster presentation <input type="checkbox"/> I will be presenting a platform/roundtable presentation <input type="checkbox"/> I will be presenting a workshop presentation <input type="checkbox"/> I will be presenting a plenary presentation
Conference details
Name: Date: Location:
Funding details
Amount requested (amount not to exceed \$1500/ \$2000 for PEC grants): Do you have departmental funds available? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide dollar amount: Intended use – please select from below and provide dollar amount for each area selected: <input type="checkbox"/> Registration fee: <input type="checkbox"/> Transportation: <input type="checkbox"/> Lodging: <input type="checkbox"/> Meals:
Supporting details
Provide detailed information about how this specific conference will enhance your ability to provide care in your area of subspecialty interest and/or enhance your educational goals. Please address any patient care needs/gaps, practice updates, skills gap or career development goals. (May attach a separate document)
Explain how your attendance relates to Children's mission and strategic priorities. (May attach a separate document)

Signature of Department Manager/Fellowship Director: _____

Please email your application to education.committee@childrensmn.org
 You will be notified of the decision following a review by *Children's Education Committee*.
***Note that reimbursement will not be made until all documentation is submitted within 60 days following conference attendance.**