Information Sheet for AHP Conference Stipend

UCSF Health would like to enhance the AHP's ability to strive for excellence and contribute to teaching and research. The AHP Conference Stipend provides an opportunity for AHPs at UCSF to apply for funding to support their ability to attend conferences as a presenter (includes poster) or panelist within their specialty or field of practice.

Eligible AHP's (NP, PA, CNM, CRNA) who are UCSF Campus or Medical Center employees may submit an application, and if selected by the AHP stipend committee, they will be reimbursed up to $1500.00 by UCSF Health for conference-associated costs such as registration fees, travel, lodging, food, poster creation, other items reviewed case-by-case. Standard daily max per university policy will apply.

How to apply: Email one file that contains the following: completed AHP Conference Stipend Application, current CV, essay, proof of acceptance for conference. Email the file to Alisa Yee (Alisa.Yee@ucsf.edu).

Deadline for submission: 1st Friday, 5pm PST, of the following months: January, April, July, October. Incomplete or late applications will not be considered.

Notification of decision: via email on 1st Friday of the following months: February, May, August, November

If you are the recipient of a stipend, you must submit all receipts and documentation for eligible reimbursement to Alisa Yee within 25 days from the end of the conference.

Questions: Contact Alisa Yee (Alisa.Yee@ucsf.edu)

AHP Conference Stipend Application

UCSF Health

Applicant Information

☐ NP
☐ PA
☐ CNM
☐ CRNA

Full Name: _____

Last   *First*   *M.I.*   *Job Title*

Phone: **(   )   -** _____   Email: _____

Department: _____

Manager / Supervisor: _____

Name   *Contact info*

Does your department provide any CME money for AHPs.?

YES ☐   NO ☐

If so, how much? _____

UCSF years of service: _____   FTE (Minimum 0.6): _____

Conference

Name of conference: _____

Attendance From: _____   To: _____

Have you attended or presented at another conference in past 12 months?   YES ☐   NO ☐

Location: _____

Have you applied for the AHP conference stipend previously?   YES ☐   NO ☐

Your role at conference: _____

Presenter, speaker, panelist

Have you been awarded an AHP conference stipend in the past?   YES ☐   NO ☐

PLEASE ATTACH PROOF OF CONFERENCE ACCEPTANCE TO YOUR APPLICATION

Stipend Allocation

Please list items you intend to spend your stipend on (e.g. travel, lodging, food, conference fees, poster creation).

_____

_____

_____

Any extenuating financial circumstances? _____

Essay

In 500 words or less, please explain why you want to attend this conference and how attendance at this conference will improve your current practice.

Please attach a separate typed essay to your application.

Curriculum Vitae

Please attach a current CV to your application.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that I must submit all required information and documentation to be considered for this stipend. I understand the conference stipend is to be used for continued education or presentation within my specialty or field of practice.

I understand that I will have 25 days from the end of the conference to submit all receipts and documentation for eligible reimbursement up to $1500. Any costs incurred but not submitted within this timeframe will not be considered for reimbursement.

When traveling on business, it is the responsibility of the traveler to understand UCSF travel and entertainment policies in order to be reimbursed in a timely manner and understand which expenses will and will not be covered by the University.

Signature: _____   Date:_____