



## 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 conference attendance as a presenter (includes poster) or panelist within their specialty or field of practice.

Eligible AHP's (NP, PA, CNM, CRNA) 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:** Submit completed AHP Conference Stipend Application, current CV, essay and email all documents to Natasja Szwed ([natasja.szwed@ucsf.edu](mailto:natasja.szwed@ucsf.edu)).

**Deadline for submission:** 1<sup>st</sup> Friday of the following months: January, April, July, October. Incomplete or late applications will not be considered.

**Notification of decision:** via email on 1<sup>st</sup> 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 Natasja Szwed within 25 days from the end of the conference.

**Questions:** Contact Natasja Szwed ([natasja.szwed@ucsf.edu](mailto:natasja.szwed@ucsf.edu))

# AHP Conference Stipend Application

## Applicant Information

Full Name: \_\_\_\_\_  
Last First M.I. Job Title

☐ NP ☐ CNM  
☐ PA ☐ CRNA

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: \_\_\_\_\_ Location: \_\_\_\_\_

Your role at conference: ☐ **Presenter** ☐ **Speaker** ☐ **Panelist** Have you applied for the AHP conference stipend previously? YES ☐ NO ☐

Are you receiving any financial support from the conference? YES ☐ NO ☐ Have you been awarded an AHP conference stipend in the past? YES ☐ NO ☐

If so, how much: \_\_\_\_\_ Have you attended or presented at another conference in the past 12 months? YES ☐ NO ☐

Please attach proof of acceptance for presentation or invitation to speak at the conference.

## 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 the 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: \_\_\_\_\_