

Educational Funds Program Application

Applicant Demographics:

All applicants must attach a current resume or job description AND proof of payment, if applicable, for books, newsletters and software or CE Certificate of Attendance for seminar registration, tuition or HLAMV event. If applicant has not paid expenses, then the invoice must be attached.

Employer Address Work Phone Home Phone Current Position Current Credentials E-mail Address Professional Development Scholarship Information: Funds for: Dollar Amount Requested: Date of Expenses: Please attach a statement (not exceeding 500 words) explaining how approval of this application will assist you in your professional development in medical practice management. TO BE COMPLETED BY CHAIR OF EDUCATIONAL FUNDS COMMITTEE Date Received: Date Reviewed for Approval: Approved Disapproved Reason: \$	First Name		N	Aiddle Initia	al Last Name	
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		Date			Chair, Educational Funds Committee	