University at Albany School of Public Health
Professional Development Application Form

Rules to Apply:

- Funding supports stipends for students to travel to local, regional and/or national conferences for professional development, particularly those with a governmental service focus.
- Students must complete the Professional Development Application Form and provide supporting documentation by e-mail to Susan Bernardi Bain (sbernardibain@albany.edu) to be considered.
- Preference will be given to students engaged in Local Health Dept/NYS DOH internships and/or to present findings related to LHD/NYS DOH internships.

1) Student’s Name _________________________ Date Submitted: __________________________

2) Program:  □ Certificate □ MPH □ MS □ PhD □ DrPH

3) Department/Concentration:  □ BMS □ EHS □ EPI/BST □ HPMB □ SBCH

Conference Attending ____________________________ Location ____________________________

Date (s) ____________________________ Reason for Attending:  □ Presenting □ Personal Professional Development

Amount Requesting:  $_________ (not to exceed $350) to cover approximate costs for:

□ Registration Fee $_______ □ Hotel Accommodations $________ □ Travel $_______ □ Other $______

*Applicants must attach supporting documentation (i.e. conference description, registration fees, travel costs, etc.)

4) If presenting, provide a brief description of your presentation (i.e. Poster presentation, workshop presenter, etc):

5) Have you attended a conference before?  □ Yes  □ No  If yes, please list past conferences attended:

6) Have you completed an internship?  □ Yes  □ No  □ Fall  □ Spring  □ Summer  Year __________

If yes, where?  Internship Title:____________________________________________________________

□ Local County Health Dept.  County_____________________________________________________

□ NYS DOH  Office/Dept_______________________________________________________________

□ Other  ____________________________________________________________

Brief Description of Internship Project:

Did you complete a presentation at your internship site?  □ Yes  □ No  If yes, please describe:

8) Are you receiving any additional funding from other sources to attend?  □ Yes  □ No

If yes:  Funding Source_________________________ Amount________

8) How will attending this conference benefit your future career in public health?

Student’s signature: ____________________________ Date: ____________________________