University of Wyoming Center on Aging (WyCOA)
Faculty Development in Interprofessional Care & Aging Mini-Grants Application

Contact Information – Please type or print legibly

Full Name, Credentials(s): ________________________________

Phone: __________________________________________________

Email: ___________________________________________________

College/Department/Division: ________________________________

Funds Will Be Used to (check all that apply):

☐ Attend a geriatric conference
☐ Complete a geriatric clinical experience
☐ Attend a geriatric workshop
☐ Complete a geriatric mini-sabbatical
☐ Complete online course(s)
☐ Work toward a geriatric certificate
☐ Attend an Interprofessional Conference
☐ Attend an Interprofessional Workshop
☐ Complete an Interprofessional Clinical Experience
☐ Attend an Interprofessional Workshop
☐ Other (please describe): ________________________________

At this time, I plan to use the training listed above to (check all that apply):

☐ Incorporate geriatrics into an existing course
☐ Create a geriatrics education module
☐ Create a geriatrics training workshop
☐ Create a geriatrics didactic course
☐ Create a geriatrics experiential course/clinical experience
☐ Contribute to the development of the Minor in Aging
☐ Contribute to the development of a Certificate in Gerontology
☐ Other (please describe): ________________________________

I will use requested funds by: (Date) ________________________ *Must be before June 30th, 2017.
Briefly describe your interest in geriatrics and how these funds will be used to enhance your teaching (include plan for give back to or engage with the College of Health Sciences).

If you plan an interprofessional focus, please describe plans to incorporate IP Topics into aging curriculum.

Please provide as detailed a budget as possible (including itemized breakdown and total) that shows how the money will be used.

Please attach a support letter from unit head/supervisor indicating their support for the activity and that time will be allowed for you to complete your training/project

*Additional pages may be included as necessary. Please return this application and the required materials to WyCOA at UW Health Sciences, Room 130I or wycoa@uwyo.edu. Mail to: UW/WyCOA, 1000 E University Ave., Laramie, WY 82071