

## Professional Development Approval Form

A completed approval form is required for any activity not listed as an approved activity in the continuous professional development program. Community service and service learning activities must also be from approved locations as listed on the [Service Learning website](#). All professional development activities and sites must be approved by the Division of Medical Education in advance in order for them to be eligible for credit. **No activities will be approved retroactively.**

Complete and submit this form to Dr. T.J. Hundley (tjhundley@southalabama.edu), Ashley Givens (agivens@southalabama.edu), and Breland Walley (bwalley@southalabama.edu).

### **Section I** – TO BE COMPLETED BY STUDENT

Name: \_\_\_\_\_

Academic Year:       M1       M2       M3

Name of Proposed Professional Development Activity:

\_\_\_\_\_

Is the proposed activity community service or service learning?       Yes       No

Does the proposed activity involve the delivery of health care or health advice?       Yes       No

Will this activity occur more than one time a year?       Yes       No

Number of Hours Expected to Complete the Professional Development Activity: \_\_\_\_\_

Description of the Professional Development Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Section II** – TO BE COMPLETED BY DIVISION OF MEDICAL EDUCATION

This Professional Development Activity has been approved:       Yes       No

\_\_\_\_\_

Signature of Division of Medical Education

\_\_\_\_\_

Date