

Classified Professional Development Application

Please review the information and procedures page before completing this application. Submit your complete application, including [Conference Advance Form](#) and proof of expenses to your Division Dean for review and approval thirty (30) days before the conference/workshop. Submit all materials **electronically** to the Director of Professional Development and Innovation. Completion of this form does not guarantee Classified Professional Development funds.

Applicant Information

Name: _____	G#: _____
Division/Dept. _____	<input type="checkbox"/> Conference <input type="checkbox"/> Workshop
Title of Conference/Workshop: _____	Date(s): _____
Have you attended this conference/workshop in the past?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is this mandatory training? <input type="checkbox"/> Y <input type="checkbox"/> N	

Type of Request:

- ☐ Professional – Develop skills relating to current/existing position
- ☐ Personal – Enhance your role in the institution
- ☐ Work, life, balance – Related to health and wellness

Personal Statement: Please do not exceed one page. Personal statements **must be submitted electronically** in a separate document. Hard copy statements will not be accepted. Please refer to the Classified Professional Development Rubric as a guide when writing the Personal Statement.

1. Explain how this conference/workshop/course relates to the college goals and objectives. *Please refer to Cañada College Mission, Vision, Values and Goals*
2. Identify desired outcomes for this professional development activity. Specifically: *What are you going to do with what you learn? How will this activity directly or indirectly impact student success?*
3. Describe projected implementation/dissemination activities to meet your outcomes and share information. Include timeline. Example: *Short presentation, information sharing, and/or description of how learning will be applied.*

*After completing the professional development opportunity, approved applicants must complete the conference/workshop note-taking page and email it to the Director of Professional Development and Innovation.

I have read and understand the procedures of the professional development fund application, including SMCCCD policies on travel. I understand that I may need to provide additional information as requested. I take responsibility for the fees accrued beyond those stated in this application and statement. I agree to the terms and conditions in submitting this application. I recognize that neglecting to complete approved/paid professional development opportunities could result in denial of future professional development applications and/or tuition reimbursement.

Signature: _____ Date: _____

Committee Chair

<input type="checkbox"/> Approved for the amount of: _____	<input type="checkbox"/> Denied	<input type="checkbox"/> Request budget office review
Has the preliminary agenda been submitted/checked (for PD office)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
PD Funds used by applicant in current fiscal year (for PD office):	\$ _____	
Comments from the committee: _____		

Committee chair signature:	Date:	