

WELL-BEING ACTIVITY PROPOSAL FORM

Note: This form must be submitted to and approved by Deans Office before holding the event.

Name of program/department planning event: _____

Contact person: _____ Title: _____

Mailing address: _____

Daytime phone: _____ Alternative phone: _____ Fax: _____

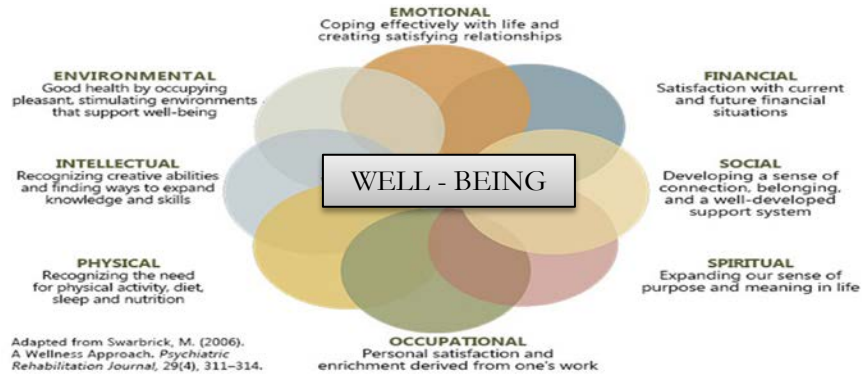
Email: _____

PLANNING

Name of Well-Being event: _____

Date: _____ Time: _____ Location: _____

Cost of event: _____



Using the Well-Being Wheel what areas will be covered during this event? _____

Facilitator Name: _____

Organization Facilitator is from: _____

Briefly describe 2 to 4 learning objectives: _____

How will you be social distancing during this event? _____

ADDITIONAL INFORMATION

Audience: ____ Faculty ____ Resident ____ Fellow ____ Medical Student ____ PA ____ Staff ____ Other

Have you formed a committee to help organize this event? ____ Yes ____ No

Has the event taken place before? ____ Yes ____ No

If yes, when and who attended? _____

Do you need assistance with your event from the Assistant Dean or GME

Department Staff? ____ Yes ____ No

If yes, what type of assistance do you need? _____

Do you need a hospital representative at your event? ____ Yes ____ No

Signature of Chair/Program Director: _____

Date: _____ Account to be charged: _____

FOLLOW UP

How will you monitor Well-Being Outcomes for this event? _____

After each activity has been completed, your department is required to submit a summary of the Well-Being Activity (based on the participants' evaluations) to the GME Department. Also, please attach a copy of the participant attendance sheet.

PLEASE RETURN THIS COMPLETED WELL-BEING PROPOSAL FORM AT LEAST TWO WEEKS PRIOR THE PLANNED ACTIVITY. Also, please submit the Summary of the Well-Being Activity (based on evaluations from the participants) as well as an attendance sheet to:

Kimberly Judd, MEd, C-TAGME
GME Lead Coordinator
960 East Third Street, Suite 104
Chattanooga, TN 37403
email: Kimberly.Judd@erlang.org
Phone: 423.778.3894. Fax: 423.778.3673

For UTCOMC GME Department use only

Assistant Dean for Well-Being Approval: _____

Date: _____

Director of Finance and Administration Approval: _____

Date: _____

GME Received WB Activity Summary ____ Yes ____ No Attendance Sheet ____ Yes ____ No

Date Received: _____

