

WELL-BEING ACTIVITY PROPOSAL FORM

Note: Application must be approved by GME Department before holding 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: _____ What will you be included for the cost of the 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 so, when and who did attend? _____

Do you need assistance with your event from GME Department and, if so, 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 is complete each department is required to submit a summary of the Well-Being Activity (based on the participates evaluations) also attach copy of the participant attendance sheet from the event send both to the GME Office.**

This form, as well as the list of participants and Summary of the Well-Being Activity should be submitted to:

Robbin Williams, C-TAGME, GME Lead Coordinator

960 East Third Street, Suite 104

Chattanooga, TN 37403

email: Robbin.Williams@erlang.org (Phone: 423.778.3894. Fax: 423.778.3673)

For UTCOMC GME Office use only

Assistant Dean for Well-Being Approval: _____

Date: _____

Finance and Administration Approval: _____

Date: _____

GME Department Received WB Activity Summary ____ Yes ____ No

Date Received: _____