

**Maintenance of Professional Certification (MPC)
Funding Proposal Form****NOTE:**

*Maintenance of Professional Certification (MPC) funding is available for use in obtaining continuing education credits required for the maintenance of a professional certification **required** by the College for an employee's current position. Preferred certifications and new certifications not currently required by the College do not qualify for the use of MPC funding. Employees must be employed by the College in a full-time capacity for one year in order to apply for MPC funds.*

This form is for the purpose of requesting funding for your proposed activity. It does not grant permission for leave from your regular duties. If funding is approved, your direct supervisor, et al., must approve leave requests associated with your activity. Also, if approved, the applicant is responsible for making all travel arrangements. The administrative offices do not book hotels, transportation, etc. for MPC funded travel.

Date: _____

1) Applicant Information

- a) **Name**
- b) **Department**
- c) **Position**
- d) **Required Certification:**

2) a) Activity: (Name of activity and brief description)

- b) Describe how this activity satisfies continuing education requirements for certification.** (Attach a copy of the requirements for recertification as published by the certifying agency.)

- c) Web address with information about your activity (required if applicable):**

- d) Dates of Activity:**

- e) Early Registration Deadline:**

- f) Early Basic Registration Fee**

\$ _____

Registration includes: (check all that apply) ☐ Lodging ☐ Transportation ☐ Meals

- g) Location of Activity: (city, state)**

- h) If activity is in Florida, will a college vehicle be requested?**

☐ Yes

☐ No

3) Budget Details: (Total cost estimate should include all employees listed on this proposal) **Estimated Cost**

a) **Early Registration Fees:** = _____

b) **Airfare:** Email: _____
Janelle@variety-travel.com * = _____

c) **Mileage:** _____ # Roundtrip miles × \$.445/mile = _____

d) **Lodging:** \$ _____ Rate/Day × _____ # Days = _____

NOTE: Lodging in Broward, Palm Beach, Martin, and St. Lucie counties will not be approved.

e) **Meals:** Rate/day for out-of-district/state:
 \$6-Breakfast; \$11-Lunch; \$19-Dinner _____ \$ = _____

f) **Car Rental:** Email: _____
Janelle@variety-travel.com * \$ _____ Rate/Day × _____ # Days = _____

NOTE: Rental car requests to cities where alternative transportation is available will not be approved.

Explanation for car rental request:

g) **Other Expenses:** (itemize: i.e. tolls, taxi)

_____ = _____
 _____ = _____
 _____ = _____

Total Estimated Cost: _____ \$

Amount Paid by Department _____ \$

S & PD Requested: _____ \$

Requested Amount: _____ \$

* Phone # for Janelle at Variety Travel: 561-795-0009. Variety Travel's main office phone # is (800) 843-4887 or (305) 358-0603.

SIGNATURES

Employee

Date

Supervisor

Date

Administering Supervisor

Date**APPROVAL**No ☐Yes ☐

Manager, Learning & Professional
Development

Date

Submittal Instructions

Submit signed proposals to Shannon Whitman, Manager of Learning & Professional Development. (MS # 10).
Annual funding is limited and will awarded on a first-come, first-served basis to qualifying requests.
Requests must be made no later than two weeks before the registration deadline.