



THE UNIVERSITY OF  
TENNESSEE  
HEALTH SCIENCE CENTER.

COLLEGE OF MEDICINE  
CHATTANOOGA

### 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

Description of Well-Being event: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

# of participants who will attend the Well-Being activity: \_\_\_\_\_

Cost of event: \_\_\_\_\_

#### Check all that apply: Participants will include:

- Faculty
- Medical Students
- Residents
- PA Students
- Fellows
- Staff or Others [describe: \_\_\_\_\_]

Signature of Chair/Program Director and Date Signed

Account to be charged: \_\_\_\_\_

**After each activity has been completed, please email a copy of the participant attendance sheet with the invoice to be paid to [GME@erlanger.org](mailto:GME@erlanger.org).**

#### For UTCOMC GME Department use only

DIO Approval and Date: \_\_\_\_\_

Director of Finance/Administration Approval & Date: \_\_\_\_\_