RUTGERS HEALTH

Rutgers Health Professional Development Funds for Faculty in the Legacy AAUP-BHNSJ
Updated July 21, 2025

Effective July 1, 2023, Rutgers Health will provide funding for an annual pool of funds in the amount of $350,000 to be used within the fiscal year for professionally related expenses for eligible Legacy AAUP-BHSNJ faculty members in the AAUP-AFT ("Legacy BHSNJ Faculty"). Unspent pool funds may be carried over from one year to the next.

Legacy BHSNJ Faculty Eligibility:

- NJMS, the Department of Medicine at RWJMS and any other Legacy BHSNJ Faculty with access to professional development funding are not eligible.
- Only Legacy BHSNJ Faculty with an FTE of 0.5 or greater are eligible.

Requests by Eligible Legacy BHSNJ Faculty:
Faculty unit members may request reimbursement of up to $1,000 per unit member per fiscal year with approval by the division chief, if applicable, the department chair or dean and final reimbursement will be made from the Chancellor's Office. Funds can be used to fund CME-related activities, hospital dues, licensure, practice expenses, and academic expenses provided that such expenditures are consistent with University and departmental policy.

Instructions for submitting for reimbursement following approval

Funding from the Chancellor's Office is on an expense reimbursement basis.

Faculty Instructions: Faculty will submit for reimbursement for professional development for the approved amount (not to exceed $1,000). All expenditures and reimbursements shall be in accordance with University departmental policy for at least one of the reasons outlined above. Policies, forms, and other information for reporting and receiving reimbursement for expenses may be found through the University Procurement Services page of the University Finance and Administration site: https://procurementservices.rutgers.edu/travel-and-expense/reporting-travel-expenses. Faculty needing assistance should contact their department administrator. Once signed by the Dean, this form should be submitted to rbhsfacultyaffairs@rbhs.rutgers.edu.

Once signed by the Chancellor/Chancellor's Designee, the form will be returned to the faculty member with a copy to their Department and their Faculty Affairs Office. The Department will then provide further instruction to the faculty regarding expense management.

School/Unit Instructions: Each school will submit a single request monthly for their combined total professional development expenses. Requests should include detailed transaction reports (GL and/or project) demonstrating that expenses have posted to the Unit's financial statements. Funding from the Chancellor's Office will not be made in advance and will not reimbursed without proper documentation. The Chancellor's Office will reimburse the funding to the school, and the school will determine if further internal allocations are necessary.

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Application for Professional Development Funds for Faculty in the Legacy AAUP-BHNSJ

Part One: To be completed by the Faculty member:

Date:

Contact info for the Faculty member seeking reimbursement

Name	
Title/Rank	
Email address	
Phone number	
School	
Department/Program	
Supervisor	

Professional development request

Amount requested (up to $1000 per unit member per Fiscal Year):
Is this your first request for this fiscal year? YES or NO

Activity*		Describe further
CME-related	☐	
Hospital dues	☐	
Licensure	☐	
Practice expenses	☐	
Academic expenses	☐	
Other professionally related expense or activity	☐	

Fiscal Year of Request:

Date(s) of activity:

Part Two: To be completed by the Department:
Does the faculty member have access to departmental professional development funds?
Yes No

* Funding for the activities listed are provided such expenditures are consistent with University and departmental policy.

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Faculty in NJMS, the Department of Medicine at RWJMS and any other Legacy BHSNJ Faculty with access to professional development funding are not eligible.

Part Three: Approvals

Name of Division Chief, if applicable:
Signature:
Date:

Name of Chair:
Signature:
Date:

Name of Dean, or Dean's designee:
Signature:
Date:

Once signed by the Dean, this form should be submitted to rbhsfacultyaffairs@rbhs.rutgers.edu.

For Chancellor's Office Use:
Approved? Yes ◯ No ◯
Fund amount awarded:
Chancellor or Chancellor Designee Name:
Signed:
Date: