

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Professional Leave**Policy Number:** 950-01-002

Responsible Officer:	Chair, Division of Clinical Sciences
Responsible Office:	University of California, Riverside School of Medicine
Origination Date:	03/01/2016
Date of Revision:	08/12/2019
Review Date:	03/13/2023
Scope:	This policy applies to UCR Health and those clinical faculty that are members in the Health Sciences Compensation Plan

I. Policy Summary

This policy establishes a standardized criteria for providing opportunities for faculty to participate in continuing Professional Development.

II. Policy Text

A. For purposes of this policy, Professional Development includes the following:

1. Professional meetings
2. Invited Lectures/visiting professorships (w/o compensation)
3. Professional Seminars
4. CME approved programs

B. Full-time faculty are allowed up to 21 days for Professional Development including CME activity annually

C. It is recognized that some CME activities may be provided electronically. Since CME is required to maintain licensure, and for some specialties, maintain certification, the UCR SOM recognizes that protected time is necessary for faculty members to participate in electronic CME activities. A maximum of three days, or 24 hours/annually for on-line CME activities will be allowed for use by faculty from their professional development time.

D. Faculty members must obtain prior approval for the granting of time off by:

1. Providing a copy of the course activity
2. Providing documentation of course completion/attendance
3. Providing documentation of CME credit received.
 - a. One hour of documented CME credit will count for one hour of professional time.
 - b. Six hours of CME credit earned in a single day is needed for approval of a full day of professional development time-off.

E. If documentation is not provided, the faculty member will be charged for taking a vacation day.

III. Procedures

Each clinical faculty member requesting Professional Leave must obtain prior approval from their department Chair and/or the Chair of the Division of Clinical Sciences. Forms may be obtained from the Division Administrator.

IV. Forms/Instructions

Attachment A: Professional Leave Request Form


V. Revision History

Origination Date: 03/01/2016

Date of Revision: 08/12/2019

Review Date: 01/18/2023 – Director of Academic Affairs confirmed with SOM Compliance that no revisions are necessary


Approvals:

DocuSigned by:

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 PAUL HACKMAN, J.D., L.L.M.
 CHIEF COMPLIANCE AND PRIVACY OFFICER,
 SCHOOL OF MEDICINE

3/13/2023 | 2:28 PM PDT

DATE

DocuSigned by:

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 DEBORAH DEAS, M.D., M.P.H
 VICE CHANCELLOR, HEALTH SCIENCES
 DEAN, SCHOOL OF MEDICINE

3/13/2023 | 5:33 PM PDT

DATE



**Attachment A
Professional Leave Request**

Name: _____ Title / Rank: _____

I am requesting Professional Leave to attend:

Date(s): _____

My clinical / academic activities will be covered by: _____

Number of Professional Leave days already taken this year: _____

Name Approved By

Signature Signature

Date Date