

Request for Resident Resource Funding EDUCATIONAL MATERIALS

| Name: | | Date: | | | | |
|---|--|---------------------------|------------------------|-------------|--------------|-------------------|
| Training Program: | Training Completion Date: | | | | | |
| Program Director: Program Coordinator: | | | | | | |
| Current Training Level: PGY1 | ☐ PGY2 | ☐ PGY3 | PGY4 | ☐ PGY5 | PGY6 | ☐ PGY7 |
| In order to qualify for funding: | | | | | | |
| ✓ Resident must have a minimu ✓ Applicants can only receive o ✓ Request must be for materials Medical Library. ✓ Board Certification / exam fee | ne award pe or online a | er year. ccess that an | re not availa | ble through | the progran | |
| Award allocation: | | | | | | |
| ✓ If the company will send an in within 14 days of award notification. ✓ If requesting reimbursement: award notification. ✓ Applicant will be required to a documentation before reimbursement. | ication. Receipts ve provide nec | erifying exp | enses must l | be provided | to OGME v | within 14 days of |
| Materials for which you are reques | <u> </u> | | | | | |
| Amount of Funding Requested (ma | aximum aw | ard is capp | ed at \$500) | : | | |
| Narrative Description of the Mater | ials: Includ | de how you | will benefit | from these | e materials. | |
| What annual stipend or funding do Explain why this funding cannot be | • • | ogram or d | epartment _] | provide for | educationa | al materials? |
| Has your program or department of Please explain: | lenied fund | ling for this | s specific re | quest? | ☐ Y | ES NO |



| Program Director Signature | Date | _ |
|--|-----------------------|---|
| By signing below, I confirm the materials would be of benefit to | - | t eligible for program/department funding and I believe thescation. |
| Applicant Signature | Date | |
| By signing below, I attest that received no reimbursement for | | ligible for program/department funding and that I have being requested. |
| | | |
| ☐ Verification of expense (re | eceipt, screen shot o | f web page, etc.) |
| The following <u>required</u> docum | entation must be sul | bmitted with this form: |

Submit completed form and all required supporting documentation to Jennifer Rodgers, OGME, jrodgers@siumed.edu. Applicant and Program Director signatures must be obtained prior to submission.

The House Staff Board of Directors reviews applications a minimum of four times per academic year.