SIU SCHOOL *of* MEDICINE

Request for Resident Resource Funding
EDUCATIONAL CONFERENCE REIMBURSEMENT

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 reimbursement:

- ✓ Resident must have a minimum of six months of training remaining at the time of application.
- ✓ Applicants can only receive one award per year.
- ✓ Request must be for the registration fee of an upcoming conference / event (retroactive requests will not be accepted). If the registration fee is covered by another entity at a later date, granted funds cannot be used to cover other expenses.
- ✓ Requests will not be granted for lodging or transportation/travel expenses.
- ✓ Requests will not be granted for: per diem, food, mileage, parking, or gas.
- ✓ Actual award can only be processed in the form of reimbursement after the event.
  - o ***Receipts verifying expenses must be provided to OGME within 30 days of the event.***
  - o Applicant will be required to provide necessary personal information and sign/date SIU Foundation documentation before reimbursement can be processed.

Name of Event for which you are requesting reimbursement:

Date(s) of Event:

Amount of Funding Requested (maximum award is capped at $500):

Narrative Description of the Event: Include how you will benefit from attending the event and justification of how it is beneficial to SIU. Provide Abstract of any material being presented.

What annual stipend or funding does your program or department provide for trainees to attend educational conferences?   Explain why this funding cannot be applied toward this event.

Has your program or department denied funding for this specific request?   ☐ YES   ☐ NO

Please explain:

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The following _required_ documentation must be submitted with this form:

☐ Conference agenda & abstract if presenting
☐ Verification of expense (receipt, registration, screen shot of web page, etc)

By signing below, I attest that this expense is not eligible for program/department funding and that I have received no reimbursement for the dollar amount being requested.

_____
Applicant Signature   Date

By signing below, I confirm that this expense is not eligible for program/department funding and that I approve the trainee to attend the event indicated.

_____
Program Director Signature   Date

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.