

Request for Resident Resource Funding EDUCATIONAL MATERIALS

Name:	Date: Training Completion Date: Program Coordinator:					
Training Program:						
Program Director:						
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 	one award per s or online acc	year. eess that are	e not availa	ble through	the program	
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 documentation before reimbursement. 	ication. Receipts veri provide neces	fying expe	nses must b	pe provided	to OGME w	vithin 14 days of
Materials for which you are reques Amount of Funding Requested (ma	aximum awar	rd is cappe			materials.	
What annual stipend or funding do Explain why this funding cannot be		gram or de	partment _l	provide for	educationa	l materials?
Has your program or department o Please explain:	denied fundir	ng for this	specific re	quest?	☐ YI	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.