



# SIU SCHOOL of MEDICINE

## Request for Resident Resource Funding ELECTIVE AWAY ROTATION EXPENSES

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 activities that do not have funding.
- ✓ Request must be for an upcoming rotation (retroactive requests will not be accepted).
- ✓ Rotation must be reviewed and approved by GMEC in order for award to be applied.
- ✓ Actual award can only be processed in the form of reimbursement after the rotation is completed.
  - *Receipts verifying expenses must be provided to OGME within 30 days of the event.*
  - Applicant will be required to provide necessary personal information and sign/date SIU Foundation documentation before reimbursement can be processed.
- ✓ Requests will not be granted for: per diem, food, mileage, parking, or gas.
- ✓ Requests will be considered for licensing or malpractice expenses. If funds for those areas are not necessary, consideration will be given on a case by case basis for housing or other expenses.

**Expenses for which you are requesting reimbursement:**

**Amount of Funding Requested (2020-2021 maximum award is capped at \$500):**

**Narrative Description of the elective away rotation expenses you are requesting reimbursement for:**

**Does your program / department provide any funding for an away elective rotation?**

The following required documentation must be submitted with this form:

- Description of rotation and Program Director’s letter of approval which is submitted to GMEC
- Verification of expense (receipt, screen shot of web page, etc)

**Please proceed to page 2**



*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.*

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**Applicant Signature**

**Date**

*By signing below, I confirm that this expense is not eligible for program/department funding and I have approved this away elective rotation.*

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**Program Director Signature**

**Date**

Submit completed form and all required supporting documentation to Jennifer Rodgers, OGME, [jrodgers@siumed.edu](mailto: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.