



# SIU SCHOOL of MEDICINE

## 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 minimum of six months of training remaining at the time of application.
- ✓ Applicants can only receive one award per year.
- ✓ Request must be for materials or online access that are not available through the program or SIU Medical Library.
- ✓ Board Certification / exam fees and preparatory materials will not be considered.

Award allocation:

- ✓ If the company will send an invoice, OGME can pay the fee directly. Applicant must provide an invoice within 14 days of award notification.
- ✓ If requesting reimbursement: Receipts verifying expenses must be provided to OGME within 14 days of award notification.
- ✓ Applicant will be required to provide necessary personal information and sign/date SIU Foundation documentation before reimbursement can be processed.

**Materials for which you are requesting funding:**

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

**Narrative Description of the Materials: Include how you will benefit from these materials.**

**What annual stipend or funding does your program or department provide for educational materials?  
Explain why this funding cannot be applied.**

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

**Please explain:**

The following *required* documentation must be submitted with this form:

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 believe these materials would be of benefit to the resident's education.*

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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.