SIU SCHOOL *of* MEDICINE

Request for Resident Resource Funding
RESEARCH ACTIVITIES

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 activities that do not have funding.

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/Activities for which you are requesting funding:

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

Narrative Description of the research project / activities you are conducting, include why you need funding.

Does your program / department provide any funding for research activities?

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.

_____
Applicant Signature   **Date**

By signing below, I confirm that this expense is not eligible for program/department funding and I believe these activities would be of benefit to the resident's education.

_____
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.