

INTERNAL MEDICINE-PEDIATRICS RESIDENCY PROGRAM
PROFESSIONAL MEETING ABSENCE REQUEST FORM
MUST BE SUBMITTED TO THE DEPT OF MED-PEDS THREE MONTHS IN ADVANCE

Forms must be submitted to the Med-Peds office **3 months** prior to the first of the month for which leave is requested. (Example: Turn in by Dec 1st for a conference requested in March.) Absences during supervisory rotations are restricted to poster presentations, GME courses or interviews. Requests submitted less than 90 days require you to find coverage for your clinic and weekend dates. You are only allotted 7 days for professional meetings per year and travel days are included in those 7 days.

TODAY'S DATE: _____ **RESIDENT NAME:** _____

 **Are you scheduled for Journal Club, Trifecta, or MM&I during your requested leave dates?** **Yes** **No**

***If yes, please explain:** _____

 **Rotation requesting leave from:**

MEDICINE ROTATION: _____

***If during Supervisory Floor or ICU, which senior will be covering for you?:** _____

PEDIATRIC ROTATION: _____

NON-MEDICINE OR PEDIATRIC ROTATION: _____

Type of leave:


PROFESSIONAL MEETING: Dates from _____ through _____

***Information regarding the meeting must accompany this request and be in the residency office in time to plan for reservations, registration, etc.**

Name of Meeting: _____

Place of Meeting: _____

Date(s) of Meeting: _____

 **Are you presenting at the meeting? If so, please fill out a Request for Pre-Approval of Research-Related Travel Form. If you fail to do this, you may not be reimbursed for your expenses.**


Yes, I am presenting. (If yes, please attach the following items.)

No, I am not presenting.

Request for Pre-Approval of research related travel form

Copy of Abstract

Copy of letter of acceptance to Conference

 **COVERAGE provided for AIM Patients (for answering your EPIC inbox) by** _____

For Chief Resident/Program Use

_____ **Approved** **Denied** for dates _____ through _____
 _ Med-Peds Program Signature Date

_____ **Approved** **Denied** for dates _____ through _____
 _ IM or Pediatrics Program Signature Date

_____ **Approved** **Denied** for dates _____ through _____
 Attending (if less than 30 days notice or on EM/Neuro rotation)

_____ **Approved** **Denied** for dates _____ through _____
 Clinic Approval (if less than 30 days notice)

Comments: _____

Change in above dates to: _____ through _____	For Med-Peds Office Use:
_____	Initial Log Notify Res Clinic Cx
Program Director Signature Date	Vac by Mo Attend. P to A/D