

Professional Meeting REQUEST FORM
Internal Medicine-Pediatrics Residency Program

MUST BE SUBMITTED TO THE DEPT OF MED/PEDS THREE MONTHS IN ADVANCE

Forms must be submitted to the Med-Peds office **three months** prior to the first of the month for which leave is requested. (Example: Turn in by Dec 1st for a vacation 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 day for professional meetings per year and travel days are included in those 7 days.

TODAY'S DATE: _____ RESIDENT NAME: _____

 **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 _____

Below is for Office Use Only:

 Required

Med/Peds Program Signature Title

Approved **Denied** for dates _____ through _____

Internal Medicine or Pediatrics Program Signature Title

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)

Approved **Denied** for dates _____ through _____

Comments: _____

Change in above dates to: _____ through _____

Program Director's Signature Date

For Med-Peds Office Use:

Initial Log Notify Resident Clin Cx Vac by Mo. Attendance P to A/D