

Scholarly Activity: Publication Submission

Abstract Submission & Funding Request Form

Date: _____

Learner Info:

House Staff Name: _____ PGY Level: _____

Email Address (of communicating author): _____

Program Specialty: _____ Total Number of Learners: _____

Program Director Name: _____ Total of Learners that Used Funds: _____

Primary Research Mentor: _____ Total Funds Used: _____

Abstract Info:

Category of Scholarship: Basic Research QI Project Case Report
with patient consent form included

Stage of Submission Type: Draft Final Version

Proposed Publication Info:

PLEASE SPELL OUT ALL INFORMATION – NO ABBREVIATIONS

Submission Date: _____ Z _____

Note: Any abstracts submitted less than 1 week prior to the date above will not be reviewed.

Article Title: _____

Journal Title: _____

Author(s): _____

Funding Request: Case Report (\$250) PMID (\$500)

By signing below, the Program Administrator certifies that the Program Director has reviewed this submission and gives his/her approval for submission.

Program Administrator: _____
Print Sign Date

Submit this form with abstract and other requested information to the GME Office via email or to MC 13-34 for Approval. Notification of approval will be received via email.

ABSTRACTS APPROVED FOR PRESENTATION:

If your abstract is accepted for publication, please fill out a Concur Request with all estimated expenses and attach this signed form with the abstract acceptance letter to the Concur Request.