

# Travel and Reimbursement Authorization

Effective from 07/27/09

## **PURPOSE**

To inform residents about the process for obtaining educational meeting travel approval and reimbursement.

## **PERSONS INVOLVED**

Residents in the second or any subsequent year of clinical training with assignments of at least nine months to a McGaw Medical Center hospital.

Please note: If you are seeking authorization to attend a meeting and you are in a lab year or you will be presenting a poster/paper based on research conducted during your lab years please see the complete the Resident Research Meeting Travel & Reimbursement Authorization form.

## **PROCEDURES**

House staff members in the second or any subsequent year of residency with assignments of at least nine months to a McGaw member hospital may attend one educational meeting per year. This opportunity is conditional upon satisfactory performance as judged by the program director. The Educational Meeting Travel Authorization form which requires approval signatures of the Chief Resident, TEC, P.D., must be fully completed and returned to the Manager of Surgical Education 8 weeks prior to travel. A copy of the accepted abstract must be appended. An email from the Surgical Education Manager to the resident and a copy to the Chief, TEC and PD will document final approval within two weeks of receipt of the completed Educational Meeting Travel Authorization Form. The choice of educational meeting must be made in consultation with, and with the approval of, the program director, who will consider the duration of absence and impact on patient care. The meeting must be located within the continental United States. Absence should not extend beyond the dates of the educational meeting and necessary travel time. Additional days must be considered vacation time, and the total time should not exceed one calendar week. Full stipends and benefits are provided during educational meetings. All requests to attend such meetings must be approved by the Program Director to ensure the quality of the programs attended meets educational/scientific expectations. (Please see [http://gme.northwestern.edu/housestaff\\_manual/2008-09%20Housestaff%20Manual.pdf](http://gme.northwestern.edu/housestaff_manual/2008-09%20Housestaff%20Manual.pdf) for more information)

Residents may not attend educational/scientific meetings while rotating on the Night Float rotation, ICU Day or ICU Night, or during a weekend scheduled for call. It is the resident's responsibility to ensure complete coverage of his/her clinical responsibilities while attending a meeting. Residents agreeing to cover must not by doing so violate the Duty Hour policy.

Department funding for resident travel is dependent on availability of department funds. The Department of Surgery will sponsor residents to attend the meeting if the resident submitted an abstract that was accepted for a presentation (oral or poster). If the department funds resident travel, eligible expenses covered are registration, airfare, hotel (out of town lodging only), meal(s) (not to exceed \$50.00 per day), and other valid expenses up to \$1500 per academic year for general surgery categorical residents who have completed one or more clinical years of training. **Approval status will be determined within 2 weeks.**

## Educational Meeting Travel Authorization Form

Instructions: Please complete Section I before submitting for approval signatures (Section III).

<b>Section I</b>	
<b>Resident Name:</b> _____	<b>Date of Application:</b> _____
<b>Meeting Name &amp; Sponsoring Institution:</b> _____	
<b>Meeting Location:</b> _____	
<b>Dates of Meeting:</b> _____ <b>Proposed Dates of Absence:</b> _____	
<b>Purpose for attendance (circle one):</b> <b>Poster presentation</b> <b>Paper presentation</b>	
<b>Title or presentation:</b> _____	
<b>Proposed Budget:</b>	
<b>Airfare</b>	\$
<b>Accommodation</b>	\$
<b>Registration</b>	\$
<b>Meals</b>	\$
<b>Ground transportation</b>	\$
<b>Other: please specify below</b>	\$
<b>Total</b>	\$
<b>Other expenses if listed above:</b>	

### Section II

**The resident is approved for travel and reimbursement.**

Please obtain the signatures in the order they appear.

**Signature of Chief Resident (if applicable)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Team Education Coordinator** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Director** \_\_\_\_\_ **Date:** \_\_\_\_\_