

**Graduate Medical Education
Request for Use of Alternative Funding Source for
House Staff Education***

Date of Request: _____

Training Program/PGY: _____

Program Director: _____

Funding Source: (check all that apply)

Academic Society (name) _____

Industry Equipment Vendor (name) _____

Pharmaceutical Vendor (name) _____

Research Grant (name/type) _____

Other (please specify) _____

Purpose of Funding (include dates and location if applicable): _____

Educational Rationale (include why that educational opportunity is unmet at UK): _____

Amount of Funding: _____

I certify that only the training program is choosing which house staff attend based on sound educational rationale.

Program Director

*Submit completed form to GME Office \geq one month in advance of planned educational activity for approval. (Email completed form to dbamin1@uky.edu)