

Effective: 1/1/2009

CAMC Resident-Student-Intern-Fellows Research Travel Program Application Guidelines

The purpose of CAMC Resident-Student-Intern-Fellow Research Travel Program Fund is to make discretionary funds available to support travel expenses necessary to present at regional or national conferences on research that has been conducted at Charleston Area Medical Center and/or WVU-Charleston Division.

Eligibility:

The following criteria must be met to be eligible for the Research Travel Program:

- (1) Funds are available to medical students, residents, interns, or fellows in programs in good academic standing and assigned to the CAMC campus for a period of at least one academic year,
- (2) Individual must be listed as an investigator on the research project and approved by the CAMC/WVU-Charleston Division Institutional Review Board. Individuals should have contributed substantial work to the research project, and
- (3) Individual must have authored or co-authored a research paper and have it accepted for presentation at a major regional or national medical conference. Priority will be given for papers accepted for oral presentation, however consideration will be given for poster presentations that have been accepted through a competitive review process.

Awards are for one (1) travel per person with not more than two (2) individuals per department or program presenting at the same conference.

Deadlines:

Applications for Research Travel Program funds will be accepted no later than six (6) weeks prior to travel date. Applicants will be notified of travel application approval within one week (1) of receiving the application and accompanying paperwork.

Award:

Travel expenditures **must** adhere to CAMC Administrative Policy & Procedure Manual, Section 6, Policy No. 5050 and are subject to available funds. You **must** work with the Graduate Medical Education office to arrange and provide advanced payment for airfare, conference registration and hotel costs. All other expenses (meals and miscellaneous costs) will be reimbursed to the individual after their return and upon submission of original, itemized receipts to the Graduate Medical Education office (no alcoholic beverages will be reimbursed).

Instructions:

After you have been accepted for a research presentation by a regional or national organization, you must submit the following information:

- (1) A copy of the IRB Letter (Note: Resident must be listed as investigator.)
- (2) A copy of the acceptance letter or e-mail acceptance
- (3) A copy of the "call for abstracts"
- (4) A copy of the submitted abstract
- (5) A copy of the conference brochure
- (6) A Request for Travel Funding form (attached)

Submit to: *Graduate Medical Education
3110 MacCorkle Ave, Room 58
WVU Bldg., Memorial Campus
Charleston, WV 25304*

QUESTIONS? Contact Graduate Medical Education at 388-9948

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**TRAVEL FUNDING REQUEST FORM
RESIDENT-STUDENT-INTERN-FELLOW RESEARCH TRAVEL PROGRAM**

HS#/RESEARCH STUDY TITLE: _____

NAME/TITLE: _____ EMPLOYEE NO: _____

PROGRAM/SCHOOL: _____

NAME OF CONFERENCE/SEMINAR: _____

DESTINATION CITY: _____

DATES OF TRIP: _____

DESCRIPTION OF PRESENTATION (circle one): ORAL PANEL POSTER

DESCRIPTION OF THE PROCESS USED TO SELECT YOUR RESEARCH STUDY FOR PRESENTATION (peer review, invitation, etc.): _____

ESTIMATION OF EXPENSES:

Conference Registration fee: \$ _____

Mode of Travel:
 Air \$ _____

 Automobile (use of personal auto will require justification)
 # miles _____ roundtrip (Attach Mapquest)
 Mileage will be reimbursed at the current IRS rate

Lodging: # of nights _____ at \$ _____ per night
(Including taxes and service charges) \$ _____

Meals: Up to \$50 per day x _____ # of days \$ _____
(Including tips; **itemized receipts must be submitted for meal reimbursement** - alcoholic beverages are excluded)

Miscellaneous:
 Taxi/shuttle, parking, tips \$ _____
 Presentation/Media production costs \$ _____
 Other: _____ \$ _____

TOTAL ESTIMATED EXPENSES: \$

APPLICANT SIGNATURE: _____ Date: _____

APPROVAL SIGNATURES

Principal Investigator: _____ Date: _____

Program Director/Clerkship Director: _____ Date: _____

GME Administration: _____ Date: _____