**RESEARCH**

**DEPARTMENT OF MEDICINE**

**INTERNAL MEDICINE RESIDENCY TRAINING PROGRAM**

**PROFESSIONAL MEETING**

**REQUEST FORM**

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_

(The resident must be the first author on the abstract/poster/presentation, etc.)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_

If you are presenting your work at the meeting:

Title of Presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Presentation: □ Abstract/paper

□ Oral presentation

□ Poster presentation

□ Other

Faculty Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requirements:**

Did the Resident Upload Abstract into Redcap? \_\_\_\_\_\_\_\_\_\_

<https://redcap.link/72ereimf>

Did the Resident submit to Scherr Awards? \_\_\_\_\_\_\_\_\_\_

<https://redcap.link/37b9oe18>

Are you traveling to this conference? Yes/No

***(Pre-approval is required through chrome rivers, see additional details below)***

Resident Signature: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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**APPROVALS:**

Chief Resident: Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Karen Friedman, MD

Staff Approval: Hamad Lodhi/Signature: \_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_

**\*\*\*RETURN FORM TO GME OFFICE\*\*\***

**\*\*\*TURN OVER PLEASE\*\*\***

**GUIDELINES FOR WHEN YOUR ABSTRACT IS ACCEPTED**

Requirements:

* + Upload abstract into Redcap (Resident Scholarly Work) <https://redcap.northwell.edu/surveys/?s=WR7K4CW9TD>
  + Must submit to Scherr Awards <https://redcap.northwell.edu/surveys/?s=7RNN84M8MC9AHRXF>
  + Resident must find coverage and confirmed with a signature by one of the chiefs
  + Complete the attached request form with requirements, chief’s approval and return it to Hamad Lodhi ([hlodhi1@northwell.edu](mailto:hlodhi1@northwell.edu)) for final approval

**WHAT TO DO WHEN YOU PREPARE FOR YOUR CONFERENCE**

Email all receipts as a pdf to **Nicole Gratia-Mathurin** [ngratia@northwell.edu](file:///\\NASDATA201\SHAREDATA\MH-GradMedEdu\RESEARCH\RESEARCH%20FORM\ngratia@northwell.edu%20) . She will input your completed requests through Chrome River:

* + If you are attending a live Conference and you are traveling by plane or rental car and/or will reserve a hotel you must first **go into Chrome to do a Pre-Approval**. Reimbursement will not be approved without doing this.
  + **\*\*\*Note**: Pre-Approval means that you must submit an estimated cost for each expense that you are going to use, and it is done all at once, not separate: For e.g. - plane is $400, hotel is $225, etc. but not to exceed $1,000.00. This pre-approval doesn't have to be accurate it is just an estimate. Reimbursement is used **only** for the resident and not for a significant other’s expense.

Hamad Lodhi ([hlodhi1@northwell.edu](mailto:hlodhi1@northwell.edu)) will provide the appropriate reimbursement#

* + Once your request in Chrome River has been approved you may begin to book your Conference
  + If you do not have an approval code or your approval code is “pending” you will not be reimbursed.
* **THE DEPARTMENT WILL NOT REIMBURSE FOR MORE THAN $1000 FOR THE COMBINED CONFEFRENCES.**

**REIMBURSEMENT:**

* Please retain all original receipts and submit them along with your ID badge from the conference to Nicole Gratia-Mathurin
* Please allow for 6-8 weeks for your payment to be processed. Your reimbursement will go through several approvals before your payment is processed so it will take some time.
* **Please note the department will not reimburse for any travel unless work is submitted to Redcap and Scherr Awards Competition (when opens).**
* **Please SUBMIT your work to** <https://redcap.northwell.edu/surveys/?s=7RNN84M8MC9AHRXF> **for the Scherr Awards and** <https://redcap.northwell.edu/surveys/?s=WR7K4CW9TD> **for Documentation of Resident Scholarly work on Redcap**

**\*\*\*\*The resident must be the first author on the abstract/poster/presentation to qualify for reimbursement and total reimbursement cannot exceed $1,000.**