Online MEd and Certificate in Medical Education Program Guidelines and Instructions for requesting Student Travel Expense Funds

Recognizing, supporting and encouraging scholarship within our program is important to our overall program goals. To help support current students and graduates within the past year who are presenting at a national or international conference on a project that came out of a program course or their final master's project, we are making available a limited number of travel awards, up to \$300 each, to help offset costs that are not otherwise reimbursed or funded.

Eligibility and Limitations

Students and recent alumni who meet the following criteria could apply for funding up to \$300.

-) You must be a current student, in good standing, or a graduate within the past year.
- Your presentation must be at a national or international conference on an outcome from one of your courses in the program or from your final master's project.
-) The funds you request, up to \$300, can be for registration and/or travel costs that will not be reimbursed or paid by your home institution or another funding source.
-) If you are Cincinnati Children's faculty and staff, the payment cannot replace or offset divisional funds, pro funds, grant funds, or other sources of travel funding, or cover travel costs in excess of hospital travel expense guidelines.

Cost and restrictions

Please keep the following in mind:

- \int Students cannot receive more than one award in a fiscal year (July 1 June 30).
- J Students cannot receive more than two awards in total.
- A maximum of 10 awards totaling up to \$3000 will be awarded in any single fiscal year.

Process

Prior to your presentation at the conference, submit the attached request form to the program coordinator.

The request will be reviewed for eligibility by program faculty, and you will be emailed acceptance or denial or a request for additional information if needed.

We ask that you share a copy of your presentation with us.

After the presentation, submit detailed receipt(s) for the expense. Payment will be made after receipt of the proof of expense.



Student:	
Conference name:	Conference dates:
Type of presentation:	Presentation Date & Time:
Amount requested (maximum \$300): \$	

Attach the following items:

- □ Proof of acceptance to present at conference (email or letter of acceptance, listing of presentation and name in program schedule, etc.)
- \Box Abstract approved by conference for presentation

Affirmation Signature

By signing below, you affirm the following:

- □ The amount of funding requested is not eligible for reimbursement or payment and will not be reimbursed or paid by your home institution. These funds may be used to supplement partial funding.
- □ You will acknowledge the program/course in your presentation in some manner this can be an acknowledgement on a poster, on a slide in your presentation, or part of your presentation narrative.
- □ If you are faculty, fellow or staff at Cincinnati Children's, these funds cannot be used to offset or reduce divisional travel reimbursement or payment or to reimburse costs above hospital expense guidelines. Funds cannot be paid by cost transfer to your division. If the amount requested is above what is reimbursable by your division but within hospital guidelines, a statement by your business director to that effect must accompany your final expense submission.

Signature

Date

For program use only.

 \Box Approved \Box Not approved (provide reason) \Box Need more information (provide detail)

Signatures: