

**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 leann.barber@uky.edu)