

Approval Form for Industry-sponsored Stipend and Benefit funding of GME positions

Form must be submitted a minimum of 30 days in advance of the activity to be approved.

1. Training Program Name: _____
2. Title of grant or award: _____
3. Name of vendor/organization: _____
4. Amount of award _____
5. Dates (duration) of award _____
6. Department Contact for Follow up: _____

YES

NO

- | | | | |
|---|--------------------------|--------------------------|--|
| 7. Does the vendor require naming an individual trainee or trainees as recipient(s) in order for funds to be awarded? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Will source of funding be hidden from trainee(s)?
If no, why? | <input type="checkbox"/> | <input type="checkbox"/> | |
| <hr/> | | | |
| 9. Does the vendor require that the trainee(s) participate(s) in any activities (such as travel to a particular conference) as part of the agreement for accepting funding? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Are departmental funds available for this position? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Has trainee completed conflict of interest training
Please describe format/training: | <input type="checkbox"/> | <input type="checkbox"/> | |
| <hr/> | | | |
| 12. Is the SOM Grants and Contracts office aware of this application? | <input type="checkbox"/> | <input type="checkbox"/> | |

*Name/signature of Department Chair and date:

* By signing above the Chair acknowledges that her/his name must be provided to the Vendor for purposes of any required reporting by the Sunshine Act.