

## GME Approval Form for Industry-sponsored Educational Activity

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

GMEC Policy 30 – Industry Funding of GME Positions and Activities indicates that:

**A GME TRAINEE MAY NOT DIRECTLY ACCEPT VENDOR FUNDS TO SUPPORT TRAVEL TO AND/OR REGISTRATION FOR ANY EDUCATIONAL ACTIVITY.**

If a Vendor offers to sponsor an educational activity for a trainee, they can only do so by providing payment to the Department, and in so doing, the Vendor must agree to name the Department Chair or Division Chief as the recipient of those funds (rather than the Trainee). By policy the Vendor cannot name the Trainee as the recipient for CMS Sunshine Act reporting purposes. The Department can then fund (or reimburse the trainee for) expenses relating to that activity.

1. **Training Program:** \_\_\_\_\_

2. **Trainee Name(s) :** \_\_\_\_\_

3. **Name and Date of Activity:** \_\_\_\_\_

4. **Organization Offering the Activity:** \_\_\_\_\_

5. **Name of Vendor Sponsor:** \_\_\_\_\_

*Not sure? Call the Organization and ask if the event is Vendor sponsored in any way. Ask if the contribution towards the Trainee's involvement needs to be reported for CMS Sunshine Act purposes. If NO (there is no Vendor sponsorship) then this application does not need to be completed as this would not constitute "Vendor sponsored travel". If YES then proceed with this application.*

6. **Has Vendor agreed to reimburse the Department for this activity?** YES                      NO

7. **Has Vendor agreed to name the Department Chair/Division Chief as recipient?** YES                      NO

*If Vendor does NOT agree to items 6 & 7 then Trainee cannot participate unless they pay their own way or the Department funds the activity for them.*

It is understood that conference meals are an expected component of this activity. Any additional activities, however, such as evening events, participation in special events, etc. must be reviewed and approved in advance. Are there any special events scheduled as part of this activity? If so, please describe:

8. **Has trainee completed conflict of interest training?** YES                      NO

Please describe format/training:

\_\_\_\_\_

**Department Chair/Division Chief Signature**

**DATE**

By signing above I acknowledge that my name must be provided to the Vendor for purposes of any required reporting by the Sunshine Act.

**PLEASE RETURN FORM ELECTRONICALLY TO DIANE FARINEAU, GME OFFICE ([DWF4H@VIRGINIA.EDU](mailto:DWF4H@VIRGINIA.EDU)) AT LEAST 30 DAYS PRIOR TO ACTIVITY.**