**Academy of Clinician Scholars**

**9500 Gilman Drive #0956, La Jolla, CA 92093**

Website: http://aocs.ucsd.edu

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**SECTION 1: APPLICATION**

**PREPARER**

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|  |
| **Name** |  |
| **Title** |  |
| **Degree** |  |
| **Clinical Series** |  |
| **Department/Division** |  |
| **Email** |  |

**GENERAL INFORMATION**

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| **Fund Manager:** the person to create chartstring and submitting reimbursement. **REQUIRED** |
| **Name** |  |
| **Email** |  |

**CONFIRMATION OF >50% CLINICAL EFFORT – REQUIRED**

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| **Confirmation of Clinical FTE** |
| **Department Chair Name** |  |
| **Greater 50% clinical FTE (Y/N)** |  |
| **Chair Signature (Confirming >50% clinical effort)** |  |

**EVENT INFORMATION**

The Event Informationrequires you identify the sponsor, start date, and location of the event. You will also need to provide the title of your paper or presentation and upload documentation that verifies your event participation.

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| **Professional Society Name** |  |
| **Event Start Date** |  |
| **Event End Date** |  |
| **Location of Event** |  |

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| --- |
| **Abstract** |
| **Title** |  |
| **Poster or Oral Presentation** |  |
| **Documentation** | Provide documentation of your participation in the event (acceptance letter, etc). Attach copy of abstract. |

**ADDITIONAL FUNDING SOURCES**

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|  |
| Do you have any honoraria, grants, or other funding sources available to defray travel expenses?  |
| **Yes,** I have other funding sources  |  |
| If yes. You will be required to provide the following information about each of your additional funding sources (minimum of one).* **Funding source:** Descriptive name of the funding source
* **Amount Available (Currency):** Dollar amount available for travel expenses
 |
| **Funding Source** |  |
| **Amount** |  |
| **No,** I have no other funding source. |  |

**AIRFARE AND REGISTRATION INFORMATION**

The *Airfare Information* section requires you provide information on your flight and the travel agency you used via the following.

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|  |
| **Flight Origin (City/State)** |  |
| **Flight Destination (City/State)** |  |
| **Quoting Agency** (travel agency you received quote (Southwest, Expedia, Balboa) |  |
| **Agency Phone Number** |  |
| **Airfare Quote** (dollar amount of your airfare quote) |  |
| **Documentation** (provide written airfare quote) |  |
| **Amount of Registration**  |  |

**SUBMITTING YOUR REQUEST**

Submit your completed application and required documentation as one (1) pdf to:

**Roslyn Lara**

rlara@health.ucsd.edu

Documents to Submit

* Application [can be found on AoCS website] <https://medschool.ucsd.edu/aocs/grants/travel/Pages/default.aspx>)
* Copy of Abstract
* Acceptance letter.
* Registration fee receipt and/or written airfare quote.