

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.

1. Name and purpose of activity: _____
2. Location of activity: _____
3. Date of activity: _____
4. Name of vendor: _____
5. Trainee(s) program: _____
6. Department Contact for Follow Up: _____
7. Name of trainee(s) that will participate in activity:

YESNO

- | | | |
|---|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the activity only available to trainee(s) with vendor support? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will trainee attend any meals or activities with vendor support?
If yes, please describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |

- | | | |
|---|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Can source of funding be hidden from trainee?
If no, why not?: | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |

- | | | |
|---|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has trainee completed conflict of interest training
Please describe format/training: | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |

12. If available, please provide additional information about the vendor support activity in attached documentation (e.g. brochure, flyer, website)

*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.