Graduate Medical Education Office
1001 Hoffman Street
Elmira, NY 14905

PERSONAL DEVELOPMENT FUND REQUEST FORM

Personal Development Funds are available for current academic year and may be used towards conferences, dues, books, stethoscopes, board application fees, and other items related to professional development. These funds do NOT carry over from the previous academic year. Approval is at the discretion of the GME Office. All PD Fund requests must be submitted on a request form for approval and must have appropriate documentation of item(s) requested. ***ANY time off accompanying a PD Fund Request, i.e. conference, meeting, etc., must be submitted via Med Hub (See PTO Policy).***

Trainee Name:_____

Trainee Delivery Address:
Street _____

City_____**State**_____**Zipcode**_____

Please input the purpose of your request below:

Purpose _____
(Books, Due/Fees, Stethoscopes, Exams, Conferences, etc.)

Total Costs: $_____

Amount Requested from Professional Development Fund: $_____

- **PGY-1 $935/year**
- **PGY-2, 3 $1,125/year**
- **PGY- 4, 5,6 $1,500/year**
- **Final Year of Training: $1,000 additional (designated for board exam registration or preparation tools or fellowship application costs only)**
- **Diagnostic Radiology will receive $2,800 in their PGY-4 instead of the additional $1,000 in their final year of training to cover the cost of their board exam.**

Please complete Pg.2 with the requested information. A screen capture of the item must be attached to the request as Pg.3. All items ordered will take 10-14 days for ordering and processing.

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1. **Item Description:** _____
   (Books, Due/Fees, Stethoscopes, Exams, Conferences, etc.)

   _____

2. **Website or Store:** _____
   (Please provide direct link, if possible.)

3. **SKU # or Item #:** _____

4. **Color/Pattern:** _____

5. **Personalization(If applicable):** _____

6. **Other details needed for order:** _____

   _____

Please attached a screenshot or capture of the item(s) requested before submitting your request for approval. Once approved, you will be notified the item has been ordered and the expected delivery time.

If any items need to be returned or exchanged, please contact the GME office for assistance.

☐ **Trainee Signature:** _____ **Date:** _____

☐ **Approved by GME Representative:** _____