

Family Medicine Resident's Rural Rotation
Grant Request
Funded by
Texas Higher Education Coordinating Board

Family Medicine Residency Program _____	Date of request _____
Residency Name _____	Name of resident _____
Contact Name _____	Name of supervisor _____
Contact Email _____	Rotation site _____
	Rotation date _____ to _____

Resident must complete the entire one-month rotation

Family Medicine Resident's Rural Rotation Grant is requested to cover the expenditures for a rural rotation as follows:

- a. Resident stipend \$1,000.00

- b. Resident travel _____
 (One round trip not
 to exceed \$500)

- c. Program expense \$1,500.00

- Total amount requested _____

The Resident and the Program Director Must Have Completed the Evaluation of the Rotation Before Payment will be Made.
Programs are to retain all receipts and documents for this rotation for four years.

I certify that the above expenditures were incurred as a result of a Family Medicine Resident's Rural Rotation that meets Coordinating Board guidelines, and that all program evaluations have been completed.

Name of Program Director (Please Print)

Signature of Program Director

Submit the ORIGINAL Grant Request to:

Carla Price
Faculty Development Center
1600 Providence Drive
Waco, Texas 76707
Phone: (254) 752-2636