Committee of Interns and Residents
SEIUHealthcare

LETTER OF SUPPORT for: _____

Dear Program Director:
The HSO listed above has requested to attend the following conference:

Title of Conference:_____

Conference Date: _____

Jackson residents and fellows who want to attend a specialty conference or course are eligible for reimbursement through the CIR/JHS Housestaff Involvement Fund. The conference or course must teach new skills, present research, or provide opportunities for residents and fellows to expand their knowledge of their specialty, which in turn will improve the quality of patient care provided at Jackson Health System.

Limitations for applying for conference reimbursement:
Residents will only be reimbursed to attend one (1) specialty conference per academic year.

- Maximum reimbursement is $1,000 if you presenting, and $500 if attending.
- A limited number of conference approvals will be processed for each speciality conference.
- Applications will be processed on a first come, first served basis.
- There is a limited amount of funding available for this initiative- apply early to make sure you are approved before funding runs out.

Please check below:

1. I (☐ approve ☐ do not approve) of _____ attending the conference.
2. I (☐ do ☐ do not) commit that the above resident will be allowed to hand off clinical duties for the above dates.
3. I ☐ affirm that no departmental financial support is being given. (if so, please disclose):

_____

_____ _____

Program Director Signature Program Director Name

_____

Date