

Resident Research Award Policy

Eligible residents/fellows are:

1. At the OGME2 level or higher
2. Enrolled in a GME program at a TX GME affiliated institution
3. In receipt of official acceptance notification of a scholarly work poster or podium presentation for a national specialty society or other national ACGME meeting
4. Recommended by their Program Director and/or Director of Medical Education

Residents/fellows are eligible for ONE (1) stipend award package during each training program. Individuals who receive an award during their primary residency and subsequently enroll in fellowship at a TX GME affiliated institution would also be eligible for an award in the context of their new training program.

Award Package includes:

1. One-time \$500 stipend
2. Poster production at UNTHSC, production cost and mailing to resident/fellow paid by TX GME
3. Scholarly work recognition in TX GME newsletter (padlet)

Requirements:

1. Complete application for consideration
2. Submit completed packet to Office of Educational Programs Administrator by appropriate deadline, for approval by Academic Officer
3. Poster/PowerPoint includes acknowledgement of sponsorship by UNTHSC & TCOM GME (poster template to be provided at the time of acceptance)

Checklist

Phase I: Apply for award

Submit to TX GME Academic Office, Nicole Williams-Hall at Nicole.williams-hall@unthsc.edu or mail to 3500 Camp Bowie Blvd, MET WK3C, Fort Worth, Texas 76107

- Complete *TX GME Resident Research Award Application*

Proof of official notification of the acceptance for your poster or podium presentation

Phase II: TX GME Academic Officer reviews for consideration

If accepted, notice, poster template and blank W-9 will be emailed to you. (Please continue to Phase III.)

If declined, notice will be emailed.

Phase III: Acceptance

- Send your final poster file to Nicole Williams-Hall at Nicole.williams-hall@unthsc.edu at least 3 weeks in advance (timing for printing and poster pickup/shipping).
- Please submit your completed W-9, so your \$500 award stipend can be arranged. The stipend award in the form of a check or EFT will be mailed to the address on your W-9.



THE UNIVERSITY of NORTH TEXAS
HEALTH SCIENCE CENTER at FORT WORTH

Resident Research Award Application

Resident/Fellow Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Residency Program:

Current status OGME2 level or higher? YES NO

Enrolled in a GME program at a TX GME affiliated institution? YES NO Institution Name: _____

Have you been recommended by your Program Director or DME for the award? YES NO

Have you previously received a TX GME Research Award? If yes, you can only have your poster processed YES NO

Presentation date and location: _____

Address you would like your poster sent to: _____

PD/DME Name: _____

PD/DME Signature: _____

Abstract

If not enough text space, please feel free to attach your abstract.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____