



Dr. Kiran C. Patel College  
of Osteopathic Medicine  
NOVA SOUTHEASTERN  
UNIVERSITY

# Resident/Fellow Educational Conference Travel Pre-Approval Checklist

To Be Completed by Resident/Fellow:

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Conference Name: \_\_\_\_\_

Conference Dates: \_\_\_\_\_ Conference Location: \_\_\_\_\_

CME Dates Requesting: \_\_\_\_\_

Presenting:  Yes, attach acceptance  No Did you attend this conference last academic year?  Yes  No

Conference Registration Cost: \_\_\_\_\_ CME \$ Balance: \_\_\_\_\_

Hotel Required:  Yes  No

Hotel Name: \_\_\_\_\_ Nightly Rate: \_\_\_\_\_ # of Nights: \_\_\_\_\_

Airfare Required:  Yes, approximate cost: \_\_\_\_\_  No

NOTE: Airfare MUST be booked through NSU Travel Office when remaining CME \$ balance will cover the cost of travel.  
*\*See below for Dept. Prog Code & Index to use in concur request.*

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator Review: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Review: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Not Approved

GME Director Review: \_\_\_\_\_ Date: \_\_\_\_\_

Dept Prog: \_\_\_\_\_ Index: \_\_\_\_\_ Request/Trip Purpose: \_\_\_\_\_