EDUCATION ACTIVITY REQUEST

This form must be approved by the applicant's Service Chief and submitted to the PAVIR office for routing to the Education Committee 30 days prior to the start of the planned activity.

Today's date: _____ Assigned PI: _____

Max $ expected: _____

Name of person(s) participating in education: _____

The date(s) of this proposed activity is: _____
Funds to be spent by: according to PAVIR travel and meeting expense policies

Describe below the requested education activity and how it will further VA staff or patient education:

If the funding for this activity is derived from a donation, I certify that the donation is unrestricted in nature and is not in response to other activities involving me or my staff, directly or indirectly benefiting the sponsor. **I certify that any funds provided by sponsors or donors will not be derived based on any misuse of my position at VAPAHCS. (Ref. 5CFR, Part 2635 – Standards of Ethical Conduct)**

_____ _____
Responsible Party Name Signature

_____ _____
Email Phone

Approved by: _____ _____ _____
Signature of Service Chief Service Date

APPROVED/DISAPPROVED
For clinical trainee and resident training activities:

_____ _____
Payam Massaband, M.D. Date

All other requests for VAPAHCS Education Committee approvals:

_____ _____
Beth Hardison, Designated Learning Officer Date

Phone: 650.858.3970 · Fax: 650.858.3907 · **www.pavir.org**