

**Eastern Virginia Medical School
Graduate Medical Education Office
Funding Awards for Publication Assistance
APPLICATION COVER SHEET**

Instructions: To be considered for funding, the applicant must provide the required information. Incomplete and handwritten applications will not be considered. Not to exceed 1-page.

Applicant Information

Full Name	
Current PGY	
Program Name	
Date of Submission	

Publication Information

Name of Journal & Specialty	
Web link for Journal	
Dept Faculty Mentor for Manuscript Development	
Type of Manuscript	
Title of Manuscript	
Complete Names of Authors (in order); Include titles, credentials and affiliations.	

Signature of Resident/Fellow Applicant

Date

Signature of Designated Dept Faculty

Date

ATTACHMENT 2

Eastern Virginia Medical School Graduate Medical Education Office Funding Awards for Publication Assistance Application Check-List

Check-Off	Item #	Description
	1	Completed and Signed Application Cover Sheet
	2	Completed and Signed Application Checklist
	3	Letter of Endorsement Attestation from the Department Faculty
	4	Manuscript Abstract, Outline or Draft
	5	Publication Budget Request
	6	Items #1 through #5 are scanned in this order as 1-PDF document. The naming convention of the saved document should reflect the following: <i>Last Name+First Name+Program+Month+Year</i> Example: JonesJohnDERM092021 Name of this application packet:
	7	Application Package Submitted by the Designated Dept Faculty on behalf of the resident/fellow.

ATTACHMENT 3

**Eastern Virginia Medical School
Graduate Medical Education Office
Funding Awards for Publication Assistance
Letter of Endorsement Attestation by Department Faculty**

I attest on behalf of our programs' GME Funding Review Committee that
Dr. _____ will develop and submit a manuscript to
_____ by no later than _____ (a date prior
to May 1).

Dr. _____ will send a copy of the official confirmation of the
submitted manuscript to the GME Office once notification is received.

I understand that failure to complete this process may jeopardize future funding of our trainees
for GME awards.

Print Name of Program	
Printed Name of Resident/Fellow	
Signature of Department Faculty	
Date Attestation Completed	

ATTACHMENT 4

**Eastern Virginia Medical School
Graduate Medical Education Office
Funding Awards for Publication Assistance
Manuscript Abstract, Outline, or Draft**

Print Name of Program	
Print Name of Resident/Fellow	

Resident/Fellow Applicant: Insert a copy of the manuscript abstract, outline, or draft behind this page.

To insert a copy:

1. Save a copy of your manuscript abstract, outline, or draft to a PDF.
2. Insert/Merge the two files, and reorder the pages so the manuscript abstract, outline, or draft is right behind this page.

Notes:

- *It is easiest to do these steps on a desktop or laptop device. Screens of mobile devices may not be large enough to follow these steps easily.*
- *If you do not have Adobe Acrobat installed on your device, you may access free Adobe Acrobat Utilities on the following website. While we offer these suggestions, you may use any software/utility you have access to or can find on the web.*
 - o *Merge PDF Files:* <https://www.adobe.com/acrobat/online/merge-pdf.html>
 - o *Convert Files to PDF:* <https://www.adobe.com/acrobat/online/convert-pdf.html>

ATTACHMENT 5

**Eastern Virginia Medical School
Graduate Medical Education Office
Funding Awards for Publication Assistance
Budget Request**

Resident/Fellow Applicant: List all required information associated with your budget request.

Print Name of Program	
Printed Name of Resident/Fellow	
Name of Journal & Specialty	
Fees for Manuscript Submission	
Other (please list):	
Total Submission Expenses*	

** Award amounts will not exceed \$1000.00.*