

GWU Internal Medicine Residency Coverage Approval Request Form

Today's Date: _____

Resident Name: _____
Type Name

I am requesting coverage approval for the following dates: _____
(If revision of previous request, check box:)

	<i>Day of Week</i>	<i>Month & Day</i>	<i>Year</i>
First Day Out			
Last Day Out			
Returning on			
# Days Out			
Rotation I am on			
Type of Absence	<input type="checkbox"/> Educational/Conference presentation (include details below) <input type="checkbox"/> Fellowship interview (list location below) <input type="checkbox"/> Job interview (list location below) <input type="checkbox"/> USMLE Step 3 <input type="checkbox"/> Other (explain below) <i>To check, click on the appropriate box.</i>		
<i>If educational absence request, complete this section. Also attach your presentation acceptance email.</i>	Sponsoring Organization: Meeting Title: Location: Your role (e.g. poster presenter, podium presenter): Title/authors of your presentation:		
Any Details Necessary for Approval, including location of interview or "other."			

GWU Internal Medicine Residency Coverage Approval Request Form

1. I have arranged the following coverage trade pending approval:

_____ who is otherwise scheduled for _____
will cover me on _____.

_____ who is otherwise scheduled for _____
will cover me on _____.

2. We request the following return trade:

3. I have arranged the following task coverage pending approval:

_____ who is scheduled for _____
will cover my Touchworks tasks at this time.

(Type your name in lieu of signature, attesting that you have discussed this trade with the above covering residents, and that neither you nor your covering resident are on Disaster during the time you are requesting coverage approval.)

Email this form to the Chief Residents for approval.

You will hear back within 48 hours.

Do not book any travel plans until you receive a response from the Chiefs.

Approval of your request is not guaranteed by submitting this form.
