OHMES MEDICAL EDUCATION TRAVEL FUND

1.0 Purpose
The Office of Health and Medical Education Scholarship (OHMES) endeavours to enhance its strategic and educational objectives by supporting members of the Cumming School of Medicine (CSM) in medical education:

- to present the results of their research and scholarship in the area of medical or science education at national and international meetings,
- to attend meetings that will contribute tangibly to the development of expertise to support innovation within the CSM related to teaching methods, curricular development and assessment in medical and science education.
- to receive awards for education scholarship (such as CAME awards).

2.0 Eligibility:

*Eligibility is restricted to:

2.1 Applicants who hold an academic appointment in the CSM including: full-time, part-time, or clinical and/or adjunct positions.
2.2 Attendance at national or international conferences, meetings, or workshops that focus on medical education, and/or contribute to teaching methods, curricular design and assessment.

3.0 Terms & Conditions

3.1 Financial support from OHMES is limited. Every effort should be made to secure funding from other sources before applying.
3.2 The maximum award is $2,000 and is subject to the policies in the University of Calgary Travel & Expense Reimbursement Handbook.
3.3 Applicants are limited to receiving one award once every two fiscal years.

4.0 Review Process
All applications are reviewed by the OHMES Travel Fund Committee.

5.0 Notification
Applicants are notified by letter.
Application Procedure:
Application is made using the form available from OHMES and must be accompanied by:
1) submitted abstract, if applicable
2) course outline including relevant documentation, if applicable
3) justification of travel request.

Send Applications to:
Office of Health and Medical Education Scholarship
G253
Heritage Medical Research Building
University of Calgary
3330 Hospital Drive NW, Calgary AB, T2N 4N1

Email: ohmes@ucalgary.ca
Tel: 220-4342

Deadline for Receipt of Applications:
• Applicants may apply at any time.
• Applications must be received by OHMES at least TWO MONTHS PRIOR to conference/meeting dates.
• Retroactive applications will not be considered.

Revised and Approved 24 June 2019 and 11 June 2018 by OHMES Advisory Committee
Approved 28 April 2016 by OHMES Executive Committee
APPLICATION FORM
NAME ___________________________ DEPARTMENT ___________________________
TEL ___________________________ EMAIL ___________________________

MEETING INFORMATION
NAME ___________________________________________________________________________________
LOCATION ______________________________________ DATE(S) ____________________________

EXPENSES ($Cdn)
TRAVEL (airfare) $ _________________
GROUND TRANSPORTATION $ _________________
ACCOMMODATION $ _________________
REGISTRATION FEES $ _________________
MEALS $ _________________
OTHER (please specify) ___________________________ $ _________________

MATCHING FUNDS: list funding organization(s)
________________________________________________________________________ $ (___________)
________________________________________________________________________ $ (___________)

TOTAL REQUESTED $ _________________

ATTACHMENTS (please list)
☐ _____________________________________________________________________________
☐ _____________________________________________________________________________
☐ _____________________________________________________________________________

APPLICANT’S SIGNATURE ___________________________ DATE _________________

DEPT HEAD APPROVAL ___________________________ DATE _________________

To be completed by OHMES Travel Fund Committee
☐ Approved Amount $ _________________
☐ Not Approved Reason: ___________________________________________________________

OHMES Med Ed Travel Fund Committee (Chair)
SIGNATURE ___________________________ DATE _________________