



Medical Staff Society

Long Island Jewish Medical Center
Medical Staff Society
Education and Research Committee
Grant Application

Date of Request:
Eligibility Criteria

Does this activity meet the LIJ Medical Staff Society's mission to promote, provide and support medical education; including but not limited to research grants, honorariums, lectureships, professorships and any other academic requests?

Name of Requesting Physician/Dentist:

Contact information/ Telephone/email:

Department/Division within NSLIJHS:

Organization outside of NSLIJHS:

Type of Request:

- Research
- Evidence of IRB Status
- Honorarium, Lecture, Professorship
- CME credits
- Other _____

Topic/Title:

Description:

Has this activity previously been funded by LIJ Staff Society grant?

Yes/No: _____

Location/Target Audience

Amount of Request: \$ _____

Total Cost of Activity and all other sources of funding (copy of the budget should be attached to this application): \$ _____

Disclosures

Will the Staff Society be acknowledged in some form during the activity and if so please state the method of acknowledgement: _____

Are Departmental Staff Society dues fully paid for this academic year?

Please send completed forms to Jessica York at jbimby@northwell.edu