

CHECKLIST/MEMO FOR TAD REQUESTS/NMETC FUNDING

This CHECKLIST must be completed and accompany all requests for TAD funding from the Naval Medical Education and Training Command (NMETC) (formerly the Naval School of Health Sciences (NSHS)).

Since the Naval Medical Center San Diego (NMCS D) Clinical Investigation Department (CID) cannot fund travel, every precaution needs to be taken to ensure that NMETC approves your request. NOTE: NMETC will not fund the following types of travel: (1) travel to present papers/posters that have already been presented, even if NSHS did not pay for the previous travel; (2) travel for which another investigator has been funded to travel under the same protocol number; (3) travel outside CONUS, (4) travel to present findings from "exempt" or "terminated" studies.

NAME OF REQUESTOR: _____ Date: _____ Tel.: _____ Pager: _____ E-mail: _____
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MEMORANDUM

FROM: _____
TO: Head, Clinical Investigation Department

- I am requesting funds in the amount of \$ _____ from NMETC for the attached TAD request. My department has agreed to pay \$ _____ to cover the additional cost of my travel.
- This is my _____ (insert number) request for travel funds in this Fiscal Year.
- I certify that I have not presented this paper at any other venue (excluding the local Navy-sponsored Academic Research Competition (ARC)). **Circle one: YES / NO**
- There is a full-length (viz. abstract, case report, literature review) manuscript being submitted for publication in a peer-reviewed journal that describes this work. **Circle one: YES / NO (If yes, please attach.)**
- Other researcher(s) on this protocol who are also requesting funding for this meeting or who have obtained funding for previous meetings on this protocol are:

- This travel is CONUS. **Circle one: YES / NO**
- My PRD date is _____. (If roster shows expired date, please explain.)

The research protocol relating to this paper is (check all that apply):

- Active Date of next continuing review _____
- Closed Date _____
- Terminated Date _____
- Not an Exempt Study

I have attached all of the following:

- My official acceptance letter or e-mail confirmation (W/letterhead and your name) (attach copy)
- My registration form for the meeting (filled out, copy only)
- Relevant pages of the meeting brochure with dates, place, agenda, cost, and name of sponsoring organization (copies only)
- My abstract exactly as submitted to the meeting AND as e-mailed or submitted on disk to CID
- My completed TAD form *with all signatures, travel dates, # of days, per diem, transportation, registration fees and CIP #.* (Note: registration costs must be on the TAD request form (NMCS D 5050/01) as well as on the Meeting Registration form.)