MD Student Travel Award Submission Instructions

MD 2024: Event September 1, 2023 - June 30, 2024; Deadline: July 12, 2024 (open May 2024)
MD 2025-2027: Event dates September 1, 2023 – August 31, 2024; Deadline: TBD (Applications open Aug 2024)

This travel award competition is for expenses related to participation in:

- An official conference or symposium at which the student presents a paper or poster.
- An extracurricular research exchange occurring outside of BC (minimum 4 weeks duration).

All travel must be for extracurricular research purposes. Physical travel reimbursement applications may require providing documented COVID-19 risk assessment and pre-approval from the Dean of the Faculty of Medicine. Travel conducted in conjunction with electives (including research electives) or other curricular components is **not** eligible for this award.

Submission Instructions

All travel expenses must conform to UBC Policy FM8 (Travel and Other Business-Related Expenses Policy).

1. To simplify the process, we suggest you prepare items 2-6 prior to starting the online application. Please use the file naming conventions as outlined below when creating your electronic files.
2. Download and sign the Consent Form. This page must include signatures from both the student and supervisor. E-signatures are acceptable for the consent form (a typed name is not equivalent to an e-signature). Upload the signed form when asked on the online application.
3. Obtain/create electronic copies of all receipts. Copies of itemized[1], dated receipts must be submitted for each expense being claimed. Upload the electronic copies when asked on the online application.
4. Follow steps A or B below depending on your application type:

A) If your application is for attending a conference:

5A. Obtain/create an electronic copy of the relevant page(s) of the conference program listing your name and presentation title (PDF preferred). Upload the file when asked on the online application.
6A. Create/obtain an electronic copy of your presentation abstract (any file type). Upload the file when asked on the online application.

OR

B) If your application is for research exchange travel:

5B. Obtain a brief letter from your host institution/supervisor that includes the dates of the exchange (minimum 4 weeks), the project tile, and a very brief description of the objectives of the exchange such as project deliverables (~1 paragraph). [signed PDF can be uploaded with online application or the supervisor can email it directly to med.studentresearch@ubc.ca]
6B. Write a brief summary or abstract describing your research exchange project. Upload the file when asked on the online application.

All Applicants

7. Go to https://rc.med.ubc.ca/redcap/surveys/?s=J9A8AAAJDNL3KFK9 to complete and submit your application online. All required components will be uploaded as part of the online application form*. Note that you can complete your application in multiple sittings.

*Proof of attendance letter from Research Exchange Supervisor can be submitted via other methods outlined in 5B above.

File naming conventions

Please include your full name in all file names using the following format:

Last name, First name – Consent	Last name, First name – Conference Program
Last name, First name – Abstract	Last name, First name – Host Letter
Last name, First name – Project Summary	Last name, First name – Receipts

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[1] An itemized receipt includes the following: business name, date, item(s) purchased, price of each item, and total amount of bill (i.e. includes taxes, etc.).

Contact Information

Contact Information

Office of Research | Faculty of Medicine
Email: med.studentresearch@ubc.ca

MD Student Travel Award Application Questions
MD 2024: Event dates Sept 1, 2023 - Jun 30, 2024; Deadline: July 12, 2024
MD 2025-2027: Event dates Sept 1, 2023 - Aug 31, 2024; Deadline: TBD

This travel award competition is for expenses related to participation in either:
- An official conference or symposium at which the student presents a paper or poster.

All travel must be in support of **extracurricular research activities**.
- Travel conducted for participation in electives (including research electives) or other curricular components (including FLEX) is not eligible for this award.
- Registration fees or travel to attend a conference/symposium to disseminate research, where the research was previously conducted during curricular time, is eligible as long as the conference/symposium itself is not a curricular activity.

This application allows you to complete an application in multiple sittings using the "save and return later" function. To ensure you can return to an in-progress application, DO NOT clear your device's history, cookies or cache and ensure that you are using the **same device** and **same browser** as the application was started on.

If you are unable to return to your in-progress application, please contact us at med.studentresearch@ubc.ca

Student Information

Last name:
Legal first name (as on SSC account):
Preferred first name:
Preferred pronoun (he, she, they, xe, etc.):

Program
- ☐ Island Medical Program
- ☐ Northern Medical Program
- ☐ Southern Medical Program
- ☐ Vancouver Fraser Medical Program

MD class/cohort
- ☐ MD 2024
- ☐ MD 2025
- ☐ MD 2026
- ☐ MD 2027
- ☐ Other: _____

UBC Student Number:
Student Phone Number:
Email Address:

Have you previously received an MD Undergraduate Student Travel Award from the Faculty of Medicine? (If the number of applications exceeds the available funding, priority will be given to applicants who have not received an award previously)
- ☐ Yes
- ☐ No

Supervisor Information

Supervisor Last Name:
Supervisor First Name:
Email Address:
Primary Phone Number:
UBC Department/School (if applicable):
UBC Division (if applicable):
Affiliations if non-UBC (University, Department/School, Centre, Hospital, etc.:

Indicate if travel expenses are to be reimbursed to the supervisor or another UBC entity instead of the student. (If successful, you will be contacted to obtain payment details.)
- ☐ Yes
- ☐ No

Travel & Activity Information

Was the purpose of your activity for a conference or a research exchange?
(Based on your response you will be directed to the appropriate section below)
- ☐ In-Person Conference
- ☐ Virtual/Online Conference
- ☐ Research Exchange

Conference Information

Conference Name:

Conference Type:
- ☐ Local
- ☐ Regional or National
- ☐ International
- ☐ Unsure

Poster or Oral Presentation?
- ☐ Poster
- ☐ Oral

Title of Presentation/Poster:
Brief description of project origins: (e.g. FoM SSRP, FLEX, self-directed, etc.):

Upload a copy of the relevant page(s) of the conference program listing your name and presentation title as your proof of conference attendance and presentation. Please save your file as a PDF or Image file in the following format: "**Last name, First name - Conference Program**"

Upload a copy of your presentation abstract. Please save your file in the following format: "**Last name, First name - Abstract**" (PDF, Word, rich text (.rtf) or jpeg format preferred)

Research Exchange Information

Research Exchange Host (e.g. university and department, medical centre, NGO, etc.):
Title of Research Project:
Brief description of the project origins and nature of the research collaboration:

Upload a letter from your host institution or supervisor indicating the dates of the exchange (minimum 4 weeks), the project title and a brief description of the objectives of the exchange (~1 paragraph). Alternatively, your supervisor may email this information directly to med.studentresearch@ubc.ca from their institutional or other official email address. Please save your file in the following format: "**Last name, First name - Host Letter**"
The letter must be signed by the supervisor (digitally-signed PDF acceptable).

Upload a brief summary or abstract describing your research exchange project. Please save your file in the following format: "**Last name, First name - Project Summary**"

Travel Information

City:
Province/State:
Country:
Travel Start Date:
Travel End Date:

Receipt Summary

Please note that **maximum reimbursement is $500**, so expenses exceeding $500 need not be included (unless partial costs are to be covered by another award as listed on this application form).

Check off all of your expense types
- ☐ Registration
- ☐ Other: _____

Expense Information

*Foreign conversions must be made using the applicable exchange rate for the date the expense was incurred. To obtain historical exchange rates, please visit the OANDA website and convert each expense into Canadian funds: https://www.oanda.com/currency/converter/ (You simply need to enter the date the expense was incurred and the amount in foreign currency.)

	Currency Type (e.g. CAD, USD)	Amount in Canadian Currency	Original Amount in Foreign Currency (if applicable)
Airfare			
Accommodation			
Registration			
Personal Mileage amount ($.49/km) Enter start and end location here: _____			
Membership Fees			
Other: _____			
Other: _____			
Other: _____			

Have you included all receipts for your expenses? All expenses are required to have a receipt, with the exception of personal mileage.
- ☐ Yes
- ☐ No

For missing receipts, a missing receipt form will need to be submitted. Please visit the Frequently Asked Questions at http://www.med.ubc.ca/medical-student-travel-award/ for further instructions on this process.

Upload **one PDF that includes all of your receipts** and/or missing receipt form(s). Please save your file in the following format: "**Last name, First name - Receipts**"

Additional Comments on receipts (optional):

Declaration of Other Funding Sources

In accordance with UBC Travel Policies, expenses can only be reimbursed once.

Are there other funding source(s) that you received, will be receiving, or applied for to help fund the expenses listed in this application? *If you received funding for expenses you did not include in this application, you do not need to list those awards. Additionally, please note that receipt of other funding will not be a consideration in the travel awards adjudication process.

- ☐ Yes
- ☐ No

Other Funding Sources Information (if applicable)

List the other source(s):
Total amount received from other funding sources ($):
Total amount pending from other funding sources ($):
Additional comments (optional):

Consent Form

Upload your Consent Form as a PDF or Image file (must be signed by both the student and the supervisor). Please save your file in the following format: "**Last name, First name - Consent**"

This is the end of the application. Once you click "Submit," you will see an end-of survey message. A copy of your responses will be sent to the email you entered in the student information section.