Palo Alto Institute for Research & Education
P.O. Box V-38 • Palo Alto, CA 94304-0038

EDUCATION ACTIVITY REQUEST

This form must be approved by the applicant's Service Chief and submitted to the PAIRE office for routing to the Education Committee 30 days prior to the start of the planned activity.

Today's Date: _____

Describe below the education activity for which approval is requested:

_____

_____

_____

_____

The date(s) of this proposed activity is: _____

Maximum expected: $_____ Funds to be spent by: _____ (Date)

I certify that any funds provided by sponsors or donors will not be derived based on any misuse of my position at VAPAHCS. (Ref. 5CFR, Part 2635 – Standards of Ethical Conduct)

_____	_____	_____	_____
Responsible Party Name	Signature	Mail Code	Extension

Approved by:

_____	_____	_____
Signature of Service Chief	Service	Date

APPROVED/DISAPPROVED

_____ _____
John Pollard, M.D. Date
Chair, Education Committee