

Congratulations! Your CIAO application has been approved by the CIAO Committee. In order to process your CIAO award when you return, you must complete and return this form, along with your travel receipts, to Pam Henry, 910 Madison Avenue, Suite 1043.

To be completed by student

Name of Student: _____

Dates of Project: Beginning Date: _____

Ending Date: _____

Place of Service: _____

Physician/

Project Leader _____

Briefly describe your activities and responsibilities:

What do you feel you gained from this experience?

How do you feel this experience will help you?

To be completed by the physician/project leader

Thank you for giving this student the opportunity to learn from this experience. In order to process his/her travel award, please take a moment to answer the following questions.

Did this student fulfill all duties as outlined at the beginning of his/her experience? Yes No

Comments:

Did this student act in a professional manner at all times? Yes No

Comments:

Additional Comments:

Signature
Physician/Project Leader

Date