

## Medical Education Grant Request Form

Please tell us about your event. Complete this form and send along with any additional attachments to [MedEdGrants@aesculapusa.com](mailto:MedEdGrants@aesculapusa.com).

Information on Requesting Organization:			
Name of Requesting Organization:			
Address:			
<i>Street Address</i>			
<i>City</i>		<i>State</i>	<i>Zip Code</i>
Requesting Organization Contact:			
<i>Print Name</i>		<i>Title</i>	
<i>Email Address</i>		<i>Telephone #</i>	
Is Contact authorized to sign LOA on requestor's behalf?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please provide the name of an authorized individual:
Tax Status of Requesting Organization:		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Other:	
Tax ID #:	Is organization wholly or partially owned by a physician or hospital?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If physician or hospital owned, please list ownership entities:			
Event Information:			
Name of Event:			
Therapeutic Area of Focus:			
Date of Event:		Location of Event:	
Requested Amount:			
Who is the intended audience group? <i>(Physicians, residents or fellows, physician assistants, etc.)</i>			
Intended audience:		Anticipated number of attendees?	
<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International			
If HCO, what is the anticipated number of attendees from HCO vs the number of anticipated number of attendees from other institutions?		HCO Outside of HCO	
Please describe the unmet educational need that this event attempts to fulfill:			
# of Speakers / Faculty Members:		Is the educational event CME accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours of CME credit?		Didactic hours vs lab hours: Didactic: <span style="float: right;">Lab:</span>	
Are the outcomes and competencies to be achieved and how they will be measured documented?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Will an outcomes report be available for Aesculap review? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the full budget included for review? <input type="checkbox"/> Yes <input type="checkbox"/> No		What percentage of the event's expenses is Aesculap being asked to support?	

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**Product Loan:** *If you are also requesting a product loan for this event, please list the product(s) and quantity below.*

Product(s)	Quantity

*For questions or additional information regarding Aesculap's Medical Education Grants process, please contact:*

Monica Denman – Compliance Coordinator and Medical Education Grants Program Administrator

Telephone: 610.984.9111

Email: [monica.denman@aesculapusa.com](mailto:monica.denman@aesculapusa.com) or [MedEdGrants@aesculapusa.com](mailto:MedEdGrants@aesculapusa.com)

Please submit any information related to opportunities to exhibit at this event to Sally Wagner ([sally.wagner@aesculapusa.com](mailto:sally.wagner@aesculapusa.com)). Aesculap's Medical Education Grants committee does not review exhibit opportunities.