

## HFHS Graduate Medical Education PHS Approval Form

**Please note: this form must be TYPED, it will not be accepted if hand written**

<b>Section 1 Request for PHS Services</b>
<b><i>House Officer Data</i></b>
Last Name _____ First Name _____ GME Program _____ PGY Year _____ Email Address _____ Phone # _____ Pager # _____
<b><i>Project Data</i></b>
Project Title _____ _____
Project Timeline: Start Date _____ End Date _____ PHS Services requested: _____ _____
<b><i>Faculty Mentor Data</i></b>
Last Name _____ First Name _____ Department _____ Phone # _____ <i>I agree to serve as the faculty mentor to the above House Officer for the research project described.</i>
<b>Mentor Signature</b> _____ <b>Date</b> _____

<b>Section 2 Program Director Authorization for PHS Services</b>
<i>I approve this request for PHS services. Additional approval is required if the project exceeds 10 hours PHS support.</i>
Last Name _____ First Name _____ <b>Program Director Signature</b> _____ <b>Date</b> _____
<i>I approve this request for additional PHS services, as specified below to complete this research project.</i>
<b>Additional PHS Hours Authorized</b> _____ for the purpose of _____ _____
<b>Program Director Signature</b> _____ <b>Date</b> _____

<b>This Completed form must be presented to PHS staff to obtain services.</b>
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