

## **Please read prior to submitting a WWAMI Event Form:**

- The purpose of this form is to ensure that all WWAMI events are successful and beneficial to the students. This form will allow the event approval process to be streamlined through the MSA reps to decrease any ambiguity about event planning.
- Events should not conflict with medical education or place an undue burden on students.

### Event approval process:

- Please complete the WWAMI Event form well in advance of the event date. This allows time for necessary adjustments to the event.
- Submit the form for all WWAMI Events to the MSA President and Vice President
- The event will be evaluated for approval by MSA reps and if necessary, MSA reps will send the form to the WWAMI administration for secondary approval.
  - o Events requiring only MSA approval: events off campus not using WWAMI funds, facilities (i.e., group socials, skiing trip)
  - o Events requiring both MSA and WWAMI administration approval: Events utilizing resources critical to WWAMI or representing the program (i.e. events using physicians, community partners, facilities or have the students representing WWAMI, UW Medicine or the University of Idaho.)
- Approved events will be added to the Elantra calendar.
- Events that are not approved will be provided with suggestions for changes and may be re-submitted to the MSA reps.

# WWAMI EVENT REQUEST FORM

Submission Date: \_\_\_\_\_ Name: \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Sponsor (i.e. FMIG, MSA, etc): \_\_\_\_\_

Proposed Date: \_\_\_\_\_ Proposed Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Description:

\* If the WWAMI Anatomy lab is to be used in the event please designate a student leader to oversee lab safety. This person will be briefed by Josh on the policies of the anatomy lab to ensure that the event goes smoothly.

Event Lab Leader \_\_\_\_\_ Email: \_\_\_\_\_

\*\* Ultrasound probes needed? **Yes (how many? 1-5)** \_\_\_\_\_ **No** \_\_\_\_\_

- If Yes: Designated person responsible for equipment:
  - Name \_\_\_\_\_ Email \_\_\_\_\_
- Equipment may only be used at the WWAMI facilities, unless specific permission is granted to take them off site.

WWAMI Faculty/Clinician Sponsor/Community Partners (i.e. physician name, organization name): \_\_\_\_\_

Refreshments Provided? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Estimated Budget: \_\_\_\_\_ Who will be funding event: \_\_\_\_\_

MSA Approval \_\_\_\_\_

WWAMI Approval \_\_\_\_\_

Event not approved \_\_\_\_\_

Suggested changes: