

MUSC
Graduate Medical Education and the Center for Academic Excellence
Prep 4 Step 3 Study Program
Referral Form

Process:

1. The Resident must attend **at least three one-hour sessions** with a representative of the Center for Academic Excellence (CAE). The contracted cost is \$75.00 per hour and is to be cost-shared between the residency program and the GME Office. The CAE will invoice the residency program and the GME Office, separately. Payment arrangements are to be made with the CAE Office at 2-2532.
2. The form is to be signed by the Resident, the Program Director and the GME Designated Institutional Official.
3. Once the GME Office has the completed form, a GME representative will contact the CAE to inform them of the participant of the program.
4. The participant will be responsible for contacting the CAE to arrange all scheduled educational sessions.

Resident Name: _____

Program: _____

Program's Business Manager Name/Phone Number: _____

Resident Signature/Date: _____

Program Director Signature/Date: _____

GME Office DIO Signature/Date: _____

For office use only:

Session	Date	Session	Date
1		4	
2		5	
3		6	