



**IMG Remediation
Request for Funding Support**

Trainee Name **Program**

Training Level **Amount Requested**

Dates of Remediation **From** **To**

Types **Details**

- Medical Expert
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional

Payments to - choose 1. or 2.

1. Individual - choose a) or b)

a) McMaster Faculty **Name** **Employee #**

b) Non-McMaster **Name**

Address

2. Corporation/Agency **Corporation #** **Invoice Attached**

Remediation Complete

Complete **Date Completed**

Signatures

Program Director _____ **Date**

Send form to Roberta Preston, MDCL 3101a, prestor@mcmaster.ca