

Resident Participation Information

Resident Physicians: please complete this section and submit this form along with a copy of your abstract to your mentor for review and approval.

Program Affiliation:	Select one
Primary Author (Last, First):	
Co-Authors:	
Project Title:	
Research Category (please check one):	
☐ Original Research	☐ Clinical Vignette
☐ Quality Improvement	☐ Medical Education Innovation

Mentor Acknowledgement

Research Mentors: all resident physicians are required to submit this form *and* a copy of their abstract to their research mentor or program director for review and approval, prior to submitting their abstract to the Solomon Scholars Research Day conference. By signing this form, you acknowledge that you have reviewed the presenter's abstract and it is approved for submission.

Mentor Name: _____

Mentor Signature: _____ **Date:** _____