



Department of Pediatrics  
Diverse Resident Inclusive Visiting Experience (DRIVE) Award

PROGRAM DIRECTOR SUPPORT FORM

Name of Applicant:

Name of Program Director:

Residency Program Institution and Department:

Please check off each of the following statements:

- This resident is in good academic standing in our residency program.
- Our residency program will continue to pay this resident's salary and benefits during the 3-week away rotation at OHSU.
- As Program Director, I approve of this away rotation for this resident.

Signature of Program Director

Date