

UC Davis Office of Medical Education Medical Student Commercial Entities and Vendor Approval Policy

Medical Students must obtain approval to invite outside commercial entities and vendors to exhibit at student events and/or other activities.

Medical students must adhere to UCDHS policies under Hospital Policies and Procedures Section 2204, Vendor Relationship, 2526, UC Davis Policy and Procedural Manual Chapter 270, Pharmaceuticals Manufacturer's Representatives, the Office of Medical Education Room Usage Guidelines, and the Principles of Vendor Relationships.

Medical Students must provide written justification, description, title of event, and financial income and/or expense.

Medical Students must complete the attached request form and have commercial entities/vendors complete the confirmation form and submit to Rai Gurmeet, Chief Administrative Officer, and Mark Servis, MD, Senior Associate Dean of Medical Student Education.

The completed request will be sent to UCDHS Vendor Relations Committee for review and submitted to Claire Pomeroy, MD., MBA, Vice Chancellor and Dean, for approval.

Please allow **sixty days** from the date of request for review and approval.

Medical Students must disclose conflict of interests with vendors including financial interests.

REFERENCES

- UCDHS Policy 2204, Vendor Relationship
- UCDHS Policy 2526, Pharmaceutical Manufacturers' Representatives
- Education Building Room Usage Guidelines:
https://somapp.ucdmc.ucdavis.edu/meded/scheduling/pdf/Confirmation_Guidelines.pdf
- Principles of Vendor Relationships
[http://intranet.ucdmc.ucdavis.edu/policies/hospital_policies_and_procedures/pdfs/2204\(1\).pdf](http://intranet.ucdmc.ucdavis.edu/policies/hospital_policies_and_procedures/pdfs/2204(1).pdf)
- UC Davis Policy and Procedural Manual, Chapter 270, <http://manuals.ucdavis.edu/PPM/270/270-25.pdf>
- Form: <http://manuals.ucdavis.edu/PPM/270/270-25a.pdf>

Vendors must complete the UCDHS OME Exhibitor Confirmation and Information form

- **ATTACHMENT:** Exhibitor Confirmation & Information Form

UC Davis Office of Medical Education
Student Request for Vendor Participation at Student Events

Name of Student: _____ Date Submitted: _____

Title of Student Event: _____ Date of Event: _____

Description and Purpose of the Event:

Vendor Information:

Describe mechanism in selection of Vendors: _____

Describe the bidding process in selection of Vendors: _____

Name of Vendor: _____

Address: _____

Contact Information: Name & Title: _____

Phone: _____ E-Mail: _____

Federal Tax ID: _____

Describe how this event will benefit the UCDHS and Office of Medical Education:

Rai Gurmeet, Chief Administrative Officer

Office of Medical Education

Date

Mark Servis, Senior Associate Dean of Medical Student
Education

Office of Medical Education

Date