

## TEACHING SCHOLARS APPLICATION

Name: \_\_\_\_\_

Institution/Hospital: \_\_\_\_\_

Department: \_\_\_\_\_

Current Role:  Program Director  Teaching Faculty  Other: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Describe the role do you currently have with teaching/education at your hospital and/or the medical school.

Do you have any formal education or advanced training in medical education, higher education, or education in general? If so, please describe.

Why are you applying for the MedStar Health Teaching Scholars program? What do you hope to accomplish?

Briefly describe your 5 and 10 year career goals:

\*\* Don't forget to include a current copy of your CV with the application

## PROPOSED PROJECT DESCRIPTION

This course requires each participant to complete a hypothesis-driven scholarly project by the end of the program. The initial months of the program are focused on developing your project topic and intervention. This application proposal helps the reviewers to assess what type of educational scholarship you might be interested in; however, it does not commit you to a specific project. We are seeking a project idea that will allow us to understand what your scholarly interests are.

If you were to propose an educational research project today, what would it be? What would you ultimately want to accomplish with the project?

How would this project address a problem or strategy that you currently have in your program or at your institution?

What barriers would you anticipate in implementing this project?

In addition to your time, what resources would be required to complete this project?

How might you evaluate if your project has ultimately made an impact on your program and/or your institution?

## APPLICANT COMMITMENT

This program is a rigorous 2-year longitudinal program aimed at enhancing educational scholarship. Participants are expected to attend all sessions and work groups, in addition to work on individual research projects. By signing this application, you are committing to full participation in the course (see attached schedule).

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Applicant Signature

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Date

## ADMINISTRATIVE APPROVAL

*Because of the time commitments delineated above, the applicant's Chairman and the Vice President for Medical Affairs must endorse this application, including the proposed project. By signing below, the VPMA indicates their support of the applicant's project, dedicated time to attend the classes and workgroups, and time/resources needed to complete the scholarly project.*

**Department Chairman:** I commit to sponsoring this individual if they are accepted for the 2015 Scholars Program. This means I will provide them with the time to attend all scheduled sessions and dedicated time to conduct their educational intervention required for the course. I understand that I will be included in the approval process as the project proposal is developed in this course, which includes committing to resources that may be required by the participant.

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Department Chairman Signature

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Date

**VPMA:** I commit to sponsoring this individual if they are accepted for the 2015 Scholars Program. This means that I will support the individual and the department chairman to assure the participant has dedicated time to attend all sessions, time to conduct their individual project/intervention, and resources that may be required for the project. I understand that I will be included in the approval process as the project proposal is developed in this course, which includes committing to resources that may be required by the participant.

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VPMA Signature

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Date

Complete applications are due to MedStar Academic Affairs, attention Jamie Padmore, by **October 9, 2015** and must include both the Chairman and VPMA signatures, and a current curriculum vitae.

Fax: 888-716-5689

Email: [Jamie.S.Padmore@MedStar.net](mailto:Jamie.S.Padmore@MedStar.net) or [JSP35@Georgetown.edu](mailto:JSP35@Georgetown.edu)