

Department of Pediatrics

APPLICATION Katherine Dodd Faculty Scholars Program

Department of Pediatrics

Name:									
PREFIX (Mr, Ms, Mrs, Dr) FIRST NA			FIRST N	AME MIDDLE NAME	LAST NAME / SURNAM	T NAME / SURNAME (Jr, Sr, I, II, III, IV)			
Gender:	☐ Male	☐ Female	male Nationality: US Citizen Permanent Resident						
Date of B	sirth (MM/DD/YYY	Y):		E-mail address:					
Current C	Office Address	s:							
		(OFFICE LC	OCATION, BUILDING					
			CITY	STATE	ZIP CODE		COUNTRY		
Place of I	Birth:								
Academic Information			CITY	STATE	STATE COUNTRY				
	duate Institution ((s)		Location (city, state, zip)		Start date	End date	Degree	
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Medical School				Location (city, state, zip)		Start date	End date	Degree	
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Graduate	School (s)			Location (city, state, zip)		Start date	End date	Degree	
Training I	Information								
Residency	y Institution			Location (city, state, zip)	Specialty		Start date	End date	
Fellowship	o Institution			Location (city, state, zip)	Specialty		Start date	End date	
Faculty Ir	nformation								
Faculty In	stitution			Location (city, state, zip)	Rank		Start date	End date	
Faculty In	stitution			Location (city, state, zip)	Rank		Start date	End date	
	formation			T = =	1				
Mentor Na	ame			Division/Department	Rank				

Please include the following with your application:

- Completed application form
- Letter from division chief supporting candidate
- Letter from mentor stating support for candidate, ensuring resources available for project, and mentor's track record
- Candidate's CV (in Vanderbilt format, with the date of last revision on page 1)
- Career goals statement (1/2-1 page describing candidate's interest in teaching and/or service in an academic career)
- 2-3 page description of project (can be research, educational, clinical or quality improvement), including a budget

All application materials should be submitted to
William Cooper, MD, MPH, Director, Office for Faculty Development,
Suite 301D Oxford House, 1313 21st Avenue South, Nashville, TN 37232-4313
Phone: 615-322-2226 Email: amy.nabours@vumc.org