

**APPLICATION**

**Katherine Dodd Faculty Scholars Program**

Department of Pediatrics

Name:

 PREFIX (Mr, Ms, Mrs, Dr) FIRST NAME MIDDLE NAME LAST NAME / SURNAME (Jr, Sr, I, II, III, IV )

Gender: [ ]  Male [ ]  Female [ ]  Non-Binary [ ]  Other [ ]  Prefer Not to Answer

E-mail address:

Current Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OFFICE LOCATION, BUILDING

 CITY STATE ZIP CODE COUNTRY

Academic Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Undergraduate Institution (s) | Location (city, state, zip) | Start date | End date | Degree |
|  |  |  |  |  |
|  |  |  |  |  |
| Medical School | Location (city, state, zip) | Start date | End date | Degree |
|  |  |  |  |  |
| Graduate School (s) | Location (city, state, zip) | Start date | End date | Degree |
|  |  |  |  |  |
|  |  |  |  |  |

Training Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Residency Institution | Location (city, state, zip) | Specialty | Start date | End date |
|  |  |  |  |  |
| Fellowship Institution | Location (city, state, zip) | Specialty | Start date | End date |
|  |  |  |  |  |

Faculty Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Faculty Institution | Location (city, state, zip) | Rank | Start date | End date |
|  |  |  |  |  |
| Faculty Institution | Location (city, state, zip) | Rank | Start date | End date |
|  |  |  |  |  |

Mentor Information

|  |  |  |
| --- | --- | --- |
| Mentor Name | 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 addressed to:*

William Cooper, MD, MPH, Director, Office for Faculty Development

 Submitted by Email to Amy Nabours: amy.nabours@vumc.org