

Department of Pediatrics

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