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| **YALE DEPARTMENT OF MEDICINEADVANCEMENT OF CLINICIAN-EDUCATOR SCHOLARSHIP (ACES)****FACULTY DEVELOPMENT PROGRAM** Application for Program Beginning July 2023 |

**SUBMISSION DEADLINE: Friday, January 13, 2023**

**I. PERSONAL DATA**

 **1. Name in Full:** Click or tap here to enter text.

 (First) (Middle) (Last)

 **2. Mailing Address:** Click or tap here to enter text.

 (Street) (City) (State) (ZIP)

 **3. Email:** Click or tap here to enter text.

 **4. Cell Phone #:** Click or tap here to enter text.

 **5. Your Section in the Department of Medicine:** Click or tap here to enter text.

 **6. Years on Faculty at Yale University:** Click or tap here to enter text.

 **7. Faculty Rank:** Click or tap here to enter text.

 **8. Clinician-educator track:** [ ]  **Yes** [ ] **No**

**II. EDUCATION AND TRAINING**

 **1. Please list all education starting from medical school.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level of Education** | **Institution** | **Location** | **Dates** | **Degree** |
| **Medical School** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Residency** | Click or tap here to enter text. | Click or tap here. | Click or tap here  | Click or tap here  |
| **Fellowship** | Click or tap here to enter text. | Click or tap here  | Click or tap here | Click or tap here  |
| **Other professional experience/degrees:** | Click or tap here to enter text. | Click or tap here. | Click or tap here  | Click or tap here. |
| **Other:** | Click or tap here to enter text. | Click or tap here. | Click or tap here | Click or tap here |

 **2. List any honors or awards received, especially in teaching, education or scholarship, with a brief description of each.**

 **a.** Click or tap here to enter text.

 **b.** Click or tap here to enter text.

**III. MEDICAL CREDENTIALS**

 **1. Board Certification**

 **a. American Board of Internal Medicine Certification: Yes** [ ]  **No** [ ]

 **b. Other Board Certification(s): Yes** [ ]  **No** [ ]  **Board Name:** Click or tap here to enter text.

**IV. CAREER PLANS AND INTERESTS**

 **1. Are you considering pursuing any further degrees in the future?**  **Yes** [ ]  **No** [ ]

  **If yes, please describe:** Click or tap here to enter text.

 **2. Please describe an educational research, teaching or scholarly pursuit you are currently looking to expand or educational area of interest that you would like to develop into scholarship. If applicable, include a description of any presentations or publications that arose from this work. Please indicate whether you have support from your Section for this work. (Max: 1 page description)**

Click or tap here to enter text.

 **3. In one page or less, please describe why you are interested in the ACES Faculty Development Program. Include in this description your future academic, educational and research goals and interests and how this program might help you meet those goals.**

Click or tap here to enter text.

**V. LETTER OF RECOMMENDATION**

**Please provide the name, email and phone number for your Section Chief who will provide a letter of recommendation for you. The letter of recommendation should be directly emailed by the letter writer to: Donna Windish, MD, MPH (****donna.windish@yale.edu****). The Section Chief must describe why the applicant would be a good candidate for the program. This letter must include an affirmation that the applicant will have protected time to participate in the program including the 2-hour Thursday morning time for seminars/group work and an average of ½ day per week of protected time for scholarship and mentoring. The Section Chief must also indicate that the nominee is committed to remain at Yale beyond the one-year program.**

**Section Chief Name:** Click or tap here to enter text. **Section Chief Email:** Click or tap here to enter text. **Section Chief Phone:** Click or tap here to enter text.

**VI. APPLICATION SUBMISSION**

 **For your application to be considered, you need to submit each of the following directly to: Dr. Donna Windish at** **donna.windish@yale.edu**

1. **Completed application form**
2. **Curriculum vitae (CV)**
3. **Curriculum vitae Supplement**
4. **Letter of recommendation from your current Section Chief**
5. **Signature of commitment to the ACES Faculty Development Program**

**VII. APPLICANT SIGNATURE**

By signing below, I am indicating that I am committed to this one-year program including attending all scheduled activities, working on individual scholarship, and participating in group work.

**\_\_\_**Click or tap here to enter text.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**Click or tap to enter a date.**\_\_\_**

**Signature Date**

**VIII. ACES PROGRAM CONTACT INFORMATION**

 **Donna Windish, MD, MPH
ACES Faculty Development Program Director
1450 Chapel Street
Private 304
New Haven, CT 06511****donna.windish@yale.edu** **(o): 203-789-3982
(c): 203-651-9584**

**NOTE: Decisions about acceptance will be made after a brief interview with each applicant and review of all completed materials by an internal committee.**