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**IME ADVANCED MEMBERSHIP APPLICATION 2024**

FOR FELLOW AND MASTER EDUCATOR CONSIDERATION

Applications will be accepted from **March 18 – June 10, 2024**. Notification of selection committee decisions will be sent via e-mail by October 2024. Please complete and submit this form and your application to institutemeded@mssm.edu. **The application must not exceed 30-pages, excluding the CV.**

**Name and Contact Information:**

|  |  |
| --- | --- |
| Full Name |  |
| Email Address |  |
| Degree(s) |  |
| Academic Rank |  |
| Educational Title(s) |  |
| Health System Site(s) |  |
| Department |  |
| Division (if applicable) |  |
| Department Chair Full Name |  |

**Categories of Educational Expertise - indicate the categories for which you have submitted evidence (minimum of 2 categories required):**

|  |
| --- |
|[ ]  Direct Teaching |
|[ ]  Innovative Curriculum Design and/or Assessment |
|[ ]  Advising/Mentoring |
|[ ]  Education Administration and Leadership |
|[ ]  Education Research and Scholarship **(Projects listed here cannot be used in your application in other categories)** |

**Required Information** *(please modify table as needed to complete)*

|  |  |
| --- | --- |
| **Table of Contents**  | **Page #** |
| Signature Page |  |
| Philosophy of Education and Long Term Goals |  |
| Educational Category Worksheets**(minimum of 2 categories)** |  |
| Required letter of support from Department Chair  |  |
| CV ([ISMMS format](https://icahn.mssm.edu/about/faculty-resources/appointments/document-submission)) |  |

*Please note that no additional or supplemental materials will be accepted.*

**SIGNATURE PAGE**

By signing this page I acknowledge that:

* This application for advanced membership to the IME is accurate and complete.
* If I am selected as an advanced member of the IME, I agree to contribute to and support the institute's mission.
* Membership expectations include, but are not limited to, attendance at 5 IME-sponsored events/programs per year (participation in educational offerings by leading and/or attending IME faculty development sessions, Collaborative Scholarship Sessions, Medical Education Grand Rounds and Education Research Day or participation on a selection review committee). If I do not meet these expectations, my advanced membership in the IME will lapse after 2 years.

Signature: Date:

**philosophy of education and long term goals**

Please provide a brief, personal statement that should include the following (limit 300 words)\*:

1. A description of the principles that guide your work as an educator
2. Your specific interests and career goals as an educator
3. If applicable, include an explanation of any professional development programs you have participated in to improve your work as an educator

***\* Re-applicant statement****: In addition to addressing the points above, individuals who have previously applied for Advanced Membership should address the feedback received from the Membership Committee, including how they have made any recommended changes, in a brief (two-paragraph) statement.*

**Direct Teaching WORKSHEET**

1. **Teaching Activities**

Describe in detail, **up to 5** of your most significant teaching activities by completing a separate table for each teaching activity. If you need additional tables, please copy and paste to duplicate.

|  |  |
| --- | --- |
| **Title of teaching activity** |  |
| **Your teaching role** |  |
| **Co-teachers**  |  |
| **Level of learner** |  |
| **Contact with Learners****(Quantity)** |  |
| **# Years Teaching** |  |
| **Goals** |  |
| **Methods** |  |
| **Evidence of Quality** |  |
| **Evidence of Dissemination** |  |

|  |  |
| --- | --- |
| **Title of teaching activity** |  |
| **Your teaching role** |  |
| **Co-teachers** |  |
| **Level of learner** |  |
| **Contact with Learners****(Quantity)** |  |
| **# Years Teaching** |  |
| **Goals** |  |
| **Methods** |  |
| **Evidence of Quality** |  |
| **Evidence of Dissemination** |  |

|  |  |
| --- | --- |
| **Title of teaching activity** |  |
| **Your teaching role** |  |
| **Co-teachers** |  |
| **Level of learner** |  |
| **Contact with Learners****(Quantity)** |  |
| **# Years Teaching** |  |
| **Goals** |  |
| **Methods** |  |
| **Evidence of Quality** |  |
| **Evidence of Dissemination** |  |

1. **Overall Evidence of Teaching Quality**
* List teaching awards that you have received
* If you have been asked to evaluate or mentor others to improve their teaching skills, please explain

**innovative curriculum design and/or assessment worksheet**

Describe in detail **up to 3** of your most significant curricula that you have developed. Complete one table for each curriculum you describe. A curriculum is a longitudinal activity or set of learning experiences (must be more than 2 sessions).

|  |  |
| --- | --- |
| **Brief description of curriculum or assessment product** |  |
| **Co-developer(s)** |  |
| **Your role in development** |  |
| **Intended Audience** |  |
| **Number of Learners Taught or Assessed****(Quantity)** |  |
| **# Years this has been used** |  |
| **Goals/Objectives** |  |
| **Needs Assessment** |  |
| **Design** |  |
| **Evaluation Methods and Findings** |  |
| **Evidence of Dissemination** |  |

|  |  |
| --- | --- |
| **Brief description of curriculum or assessment product** |  |
| **Co-developer(s)** |  |
| **Your role in development** |  |
| **Intended Audience** |  |
| **Number of Learners Taught or Assessed****(Quantity)** |  |
| **# Years this has been used** |  |
| **Goals/Objectives** |  |
| **Needs Assessment** |  |
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| **Evaluation Methods and Findings** |  |
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|  |  |
| --- | --- |
| **Brief description of curriculum or assessment product** |  |
| **Co-developer(s)** |  |
| **Your role in development** |  |
| **Intended Audience** |  |
| **Number of Learners Taught or Assessed****(Quantity)** |  |
| **# Years this has been used** |  |
| **Goals/Objectives** |  |
| **Needs Assessment** |  |
| **Design** |  |
| **Evaluation Methods and Findings** |  |
| **Evidence of Dissemination** |  |

**Advising/Mentoring worksheet**

* 1. **Mentoring Activities**

Describe in detail **up to 3** of your most significant mentoring roles by completing one table for **each** role.

|  |  |
| --- | --- |
| **Your advising/ mentoring role** |  |
| **Level of learner** |  |
| **Contact with Learners** **(Quantity)** |  |
| **# Years in Role** |  |
| **Goals** |  |
| **Evidence of** **Quality** |  |
| **Evidence of Dissemination** |  |

|  |  |
| --- | --- |
| **Your advising/ mentoring role** |  |
| **Level of learner** |  |
| **Contact with Learners (Quantity)** |  |
| **# Years in Role** |  |
| **Goals** |  |
| **Evidence of Quality** |  |
| **Evidence of Dissemination** |  |

|  |  |
| --- | --- |
| **Your advising/ mentoring role** |  |
| **Level of learner** |  |
| **Contact with Learners (Quantity)** |  |
| **# Years in Role** |  |
| **Goals** |  |
| **Evidence of Quality** |  |
| **Evidence of Dissemination** |  |

**education administration and leadership worksheet**

Describe in detail **up to 3** of your most significant educational projects/initiatives that you have spearheaded in a leadership role.

|  |  |
| --- | --- |
| **Brief description of project/initiative** |  |
| **Leadership role and number of years in this role** |  |
| **Co-leader(s)** |  |
| **Quantity****(Number of people affected)** |  |
| **Need/problem/****opportunity**  |  |
| **Goals** |  |
| **Actions Taken** |  |
| **Resources Utilized** |  |
| **Outcomes/****Impact** |  |
| **Evaluation and Evidence of Quality** |  |
| **Evidence of Dissemination** ***(Items in this category are optional)*** |  |

|  |  |
| --- | --- |
| **Brief description of project/initiative** |  |
| **Leadership role and number of years in this role** |  |
| **Co-leader(s)** |  |
| **Quantity****(Number of people affected)** |  |
| **Need/problem/****opportunity**  |  |
| **Goals** |  |
| **Actions Taken** |  |
| **Resources Utilized** |  |
| **Outcomes/****Impact** |  |
| **Evaluation and Evidence of Quality** |  |
| **Evidence of Dissemination (Items in this category are optional)** |  |

|  |  |
| --- | --- |
| **Brief description of project/initiative** |  |
| **Leadership role and number of years in this role** |  |
| **Co-leader(s)** |  |
| **Quantity****(Number of people affected)** |  |
| **Need/problem/****opportunity**  |  |
| **Goals** |  |
| **Actions Taken** |  |
| **Resources Utilized** |  |
| **Outcomes/****Impact** |  |
| **Evaluation and Evidence of Quality** |  |
| **Evidence of Dissemination (Items in this category are optional)** |  |

**education research and scholarship worksheet**

Describe in detail **up to 3** of your most significant educational research or scholarly projects by completing one table for each project.

NOTE: **Projects listed here cannot be used in your application in other categories.**

|  |  |
| --- | --- |
| **Title and Brief description of project** |  |
| **Co-investigator(s)** |  |
| **Your role in development and years involved in this role** |  |
| **Number of people affected****(Quantity)** |  |
| **Goals** |  |
| **Methods** |  |
| **Outcomes, Evaluation Methods and Findings** |  |
| **Evidence of Dissemination** |  |
| **Reflective Critique** |  |

|  |  |
| --- | --- |
| **Title and brief description of project** |  |
| **Co-Investigator(s)** |  |
| **Your role in development and years involved in this role** |  |
| **Number of people affected****(Quantity)** |  |
| **Goals** |  |
| **Methods** |  |
| **Evaluation Methods and Findings** |  |
| **Evidence of Dissemination** |  |
| **Reflective Critique** |  |

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| **Title and brief description of project** |  |
| **Co-Investigator(s)** |  |
| **Your role in development and years involved in this role** |  |
| **Number of people affected****(Quantity)** |  |
| **Goals** |  |
| **Methods** |  |
| **Evaluation Methods and Findings** |  |
| **Evidence of Dissemination** |  |
| **Reflective Critique** |  |

**REQUIRED LETTER OF SUPPORT FROM DEPARTMENT CHAIR**

**CURRICULUM VITAE (ISMMS Format)**