



Icahn
School of
Medicine at
Mount
Sinai

*Institute for
Medical Education*

Institute for Medical Education Associate Membership Application

Name:

Date:

Hospital Affiliation:

Primary Department:

Academic Rank:

Role in Medical Education:

Type of Faculty Appointment: Part-Time Full Time Voluntary

Please indicate your areas of interest in Medical Education (check all that apply):

Direct Teaching

Innovative Curriculum Design and Assessment

Advising/Mentoring

Educational Administration and Leadership

Educational Research

Please describe your specific interests and experience as a medical educator. What are your career goals as an educator? How would the Institute be most helpful to you? (limit 500 words).

Although the Institute does not have a service requirement for Associate Membership, we welcome direct involvement in our programs. Please tell us how you might best contribute to the mission of the Institute. For example: providing faculty development sessions; serving on committees; mentoring; etc. (limit 500 words).

**Thank you for applying to the Institute of Medical Education.
Please return this application along with a copy of your CV to:
InstituteMedEd@mssm.edu**