

**UMASS COMMUNITY FACULTY DEVELOPMENT CENTER
FACULTY DEVELOPMENT FELLOWSHIP
APPLICATION 2001-2002**

Name:	Academic Affiliation:
Address:	Discipline:
City/State:	E-Mail Address:
Phone:	Fax #:

Please check only one response to each item below:

#YEARS OF PRACTICE:	#YEARS OF TEACHING:	PRACTICE TYPE:	PAST FACULTY DEVELOPMENT TRAINING YOU HAVE ATTENDED:
Less than 3 <input type="checkbox"/>	Less than 3 <input type="checkbox"/>	Solo Practitioner <input type="checkbox"/>	TOT <input type="checkbox"/>
4 - 10 <input type="checkbox"/>	4-10 <input type="checkbox"/>	Large Clinic >5 <input type="checkbox"/>	Departmental Training <input type="checkbox"/>
11 - 20 <input type="checkbox"/>	11 - 20 <input type="checkbox"/>	Small Clinic <5 <input type="checkbox"/>	Resident <input type="checkbox"/>
Over 20 <input type="checkbox"/>	Over 20 <input type="checkbox"/>	Health Center <input type="checkbox"/>	Previous Fellowship <input type="checkbox"/>
LEVEL OF STUDENTS (S) AND RESIDENTS (R): (check all that apply) (circle for students or residents)		Other : <input type="checkbox"/>	Continuing Education <input type="checkbox"/>
1 st year <input type="checkbox"/>	S R	What is your role?	
2 nd year <input type="checkbox"/>	S R		
3 rd year <input type="checkbox"/>	S R		
4 th year <input type="checkbox"/>	S R		

Do you practice in one of the following underserved settings? Please respond with a Check (3) if applicable

Community Health Centers (CHCs) (section 330)	
Migrant Health Centers (MHCs) (section 329)	
Health Care for the Homeless Grantees (section 340)	
Public Housing Primary Care Grantees (section 340A)	
Rural Health Clinics, federally designated (section 1861(aa) (2) of the Social Security Act)	
National Health Service Corps (NHSC) Sites, freestanding (section 333)	
Indian Health Service Sites (IHS) (Pub. L. 93-638 for tribal operated sites and Pub. L. 94-437 for HIS operated sites)	
Federally Qualified Health Centers (FQHCs) (section 1905 (a) and (1) of the Social Security Act)	
Primary Medical Care, Mental Health, and Dental Health Professional Shortage Areas (HPSAs) (designated under section 332)	
State or Local Health Departments (regardless of sponsor - for example, local health departments who are funded by the State would qualify)	
Ambulatory practice sites designated by State Governors as serving medically underserved communities	

Enclosures Required:

- Curriculum Vitae
- Two letters of recommendation

We will be looking for teaching ability, commitment to teaching, and time commitment required to participate in the Fellowship. For example, your department Chair or immediate boss will be able to address time commitment and departmental financial support. Please consider these areas when requesting your recommendation letters.

On a separate sheet of paper, please respond to the following:

1. Tell us what you would like to get out of the fellowship.
2. Is there an area in the field of medical education that you would like to study?
3. Please describe in detail your previous teaching experience and previous training and/or skills, which would prepare you for the fellowship experience.