

## TEXAS COLLEGE OF OSTEOPATHIC MEDICINE

## FACULTY DEVELOPMENT CENTER

CERTIFICATE IN ACADEMIC MEDICINE APPLICATION (FORMERLY FACULTY DEVELOPMENT FELLOWSHIP)

APPLICATION FOR YEAR (selec	ct one):		17/18	18/19	19/20	20/21		
Name	P1	lease indicate pro	eferred m	ailing addr	ess.	_Home	Office	
Home Address(Street, City, State, Zi Home/Cell Phone Personal E-mail	ip Code)		(Street, C	City, State,	Zip Code)			
Office Fax		Date of Birth/ L	ast 5 of	Social Secu	irity Numł	oer		
If Non-U.S. Citizen, Date of Admission to U.S.		Type of Visa Held						
		Education						
Institution Name and Address	Dates Attended		Major	Field of St	udy		Degree	
		Internship						
Institution Name and Address				of Training			Medical Specialty	
		Residency						
Institution Name and Address			Dates of	of Training			Medical Specialty	
Oth	er Postdoctora	l Training (	Fellow	wships,	etc.)			
Institution Name and Address	Dates of Training		Dept. a	or Field of	Study		Position	
LICENSURE (Give State and Year								
Certified by the American Board of					Date			

Eligible for Certification by the American Board of

If a graduate of a foreign medical school, have you obtained certification from the ECFMG? If so, enclose photo static copy of certificate. If not, please indicate your plans to obtain it.

TeachingExperience				
Rank	Department	Institution	Dates	

HospitalAppointments			
Rank	Department	Institution	Dates

Current Position				
Rank	Department	Institution	Dates	

<b>References</b> (Provide each with a reference form to complete.)			
Name and Address	Contact Information		

## **Personal Statement**

Please provide a one page typed personal statement addressing your career goals. Describe how the Certificate in Academic Medicine will support those goals.

## **Official Transcripts**

Please provide an official transcript from the institution where you completed your highest level degree.

I certify that to the best of my knowledge the above information is accurate and that I have not knowingly withheld pertinent information.

Date\_\_\_\_\_

Signature

Please send completed application, personal statement, transcripts and two recommendations to:

UNTHSC TCOM Faculty Development Center ATTN: Sharon Manson, EdD 3500 Camp Bowie, MET W3E Fort Worth, Texas 76107 Phone: 817.735.2383 Fax: 817.735.2330 fdc@unthsc.edu