

Basic Application for Membership in the Academy

Name *

First

Last

Please provide your email address. *

Primary Department *

Academic Rank *

Academy Membership category you are applying for*

What type of students do you teach? (Check as many as are appropriate.) *

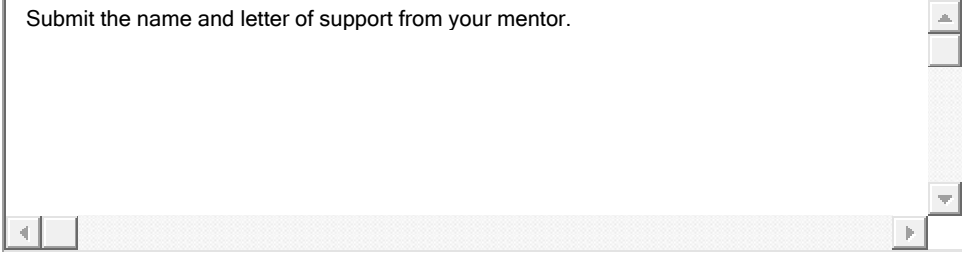
- Undergraduate Students
- Graduate Students (Masters, PhD)
- Post-Docs
- Medical Students (UME)
- Residents/Fellows (GME)
- Practicing Physicians (CME)

Which of these education domains should be evaluated for your membership with respect to engagement, excellence and scholarship?

- Direct Teaching
- Curriculum Development, Instructional Design & Assessment of Student Learning
- Advising and Mentoring
- Leadership service
- Education Research, Including Patient QA/QI

* Resident , Fellow, Graduate students –Protégé category

Submit the name and letter of support from your mentor.



Please provide an updated CV and submit your application to rockel6@marshall.edu.
(.PDF, .DOC or .DOCX) *