



MOUNT SINAI
SCHOOL OF
MEDICINE
NEW YORK



Donald W. Reynolds FD~AGE
**Intensive CME Update, Board Review and
Faculty Development Mentorship Course
for Non-Geriatricians**
at
Mount Sinai School of Medicine

Saturday, September 17 – Wednesday, September 21, 2011

Application for Full Tuition Scholarship

INSTRUCTIONS: Please type or print clearly. **PLEASE CLICK ON THE 'SUBMIT FORM' BUTTON IN THE UPPER RIGHT HAND CORNER WHEN APPLICATION IS COMPLETED.** You may attach additional sheets if more space is needed. If using additional sheets, Email or Fax completed application to: Email: kristy.kime@mssm.edu; Fax: 212-987.0793.

PERSONAL INFORMATION (ALL INFORMATION MUST BE COMPLETED)

Last Name	First Name	MI	Degree(s)
Name of Institution	Business Telephone	Business Fax	
Business Mailing Address	City	State	Zip
Present Position(s): Clinical Title	Academic Rank	E-mail Address	
Specialty area (s)			

Have you completed a Geriatrics Fellowship? If yes, what year? _____

Are you Board certified in Geriatrics? No Yes

Special Clinical or Teaching Interest(s)

MEDICAL EDUCATION

Medical School	Location	Date of Graduation
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FD~AGE Program at Mount Sinai School of Medicine
Email: geried.programs@mssm.edu Fax: 212-876-9150

CERTIFICATIONS

Specialty Board _____ Date _____

Specialty Board _____ Date _____

POST MD TRAINING**Residency**

____ Year _____ To _____ Year _____ Institution _____ Location _____

Subspecialty Training

____ Year _____ To _____ Year _____ Institution _____ Location _____ Specialty _____

LICENSURE

State _____ License Number _____ Expiration Date _____

WORK EXPERIENCE

Please list relevant teaching or clinical positions:

Position Title	Institution	
_____	_____	Start Year: _____
_____	_____	Start Year: _____
_____	_____	Start Year: _____

PROFESSIONAL ORGANIZATIONS

Please list memberships in professional organizations and societies:

Name of Organization/Society _____

ADDITIONAL INFORMATION

1. What percent of time do you spend in each of the following activities?

- | | |
|--------------------------|-------------------------|
| a. Teaching _____ | b. Administration _____ |
| c. Clinical Care _____ | d. Research _____ |
| e. Other (specify) _____ | |

2. What percent of time do you spend training students, residents, fellows or others involved in patient care?

- | | |
|---|---|
| a. Acute care hospital _____ | d. Long-term non-institutional _____ |
| b. Long-term care institution _____ | e. Other (_____); Please explain: _____ |
| c. Ambulatory care facility _____ (e.g. home care, assisted living) | |

3. Briefly describe your current teaching and/or curriculum development responsibilities for each of the following learners:

- a. Students _____

- b. Residents _____

- c. Fellows _____

- d. Others (_____) _____

3. What interested you most about participating in this Faculty Development Mentorship Program at MSSM? (Check all that apply.)

- a. Desire to improve teaching skills
- b. Interest in specialized training
- c. New or expanded teaching role
- d. CME credit
- e. Other (please specify) _____

4. How did you hear about this Faculty Development Mentorship Program at MSSM? (Check all that apply)

- a. Brochure or flyer
- b. Email from Department
- c. Email from Medical School Dean
- d. Website:
- e. Referral: (please explain) _____
- f. Other: (please specify) _____

SIGNATURE

X _____

DATE

APPLICANT (Print Name) _____