



2010 FLORIDA ACADEMY OF FAMILY PHYSICIANS FOUNDATION EXCEPTIONAL RESIDENT SCHOLAR PROGRAM

Since 2006, the FAFP Foundation has presented annual scholarships to outstanding third-year family medicine residents in Florida. The program is merit based, and scholars are chosen by an FAFP Foundation selection committee. The winner(s) will be awarded \$1,000 each at the 106th Family Medicine Weekend, December 10-12, at The Ritz Carlton Amelia Island. The FAFP provides one complimentary hotel night and awards are presented at the Inauguration and Recognition Celebration Saturday evening.

The application and supporting documents must be sent together and received at FAFP **no later than October 15, 2010**. Please answer all questions. All information must be typed to ensure legible reproduction for consideration by the selection committee.

Six items must accompany the completed application form:

1) The *Curriculum Vitae* is to be written for three periods: premedical, medical school and residency. (If there is an interim period between educational levels, include this information at the appropriate interval.) In each section, include academic honors, political/organizational activities, research, extra-curricular activities -sports, music, hobbies and occupational activities. Please include leadership roles. The curriculum vitae must be limited to two (2) pages.

2) *Personal statement* on your reasons for studying medicine and why you chose family medicine. What distinguishes you from other candidates? Please state briefly why you should receive this award. Please indicate your present intentions as to professional activity upon completion of your family medicine residency (*type of practice, further training, faculty position and location*). Please limit your personal statement to two (2) pages.

The committee requires these supporting documents:

- 3) *Reference letter*** and
- 4) *Evaluation form*** from your residency program director.
- 5) *Reference letter*** and
- 6) *Evaluation form*** from an active member of FAFP (other than your residency director).

Please indicate your preferred email address. If your email address changes after your application is filed with the Academy, forward your change as soon as possible.

Please be advised that the completed application and all supporting materials must be received by the Academy together, at the same time. Email all materials to Joyce Lowe, joyce@fafp.org.

Program Director's Recommendation of Candidate

Date Submitted _____ Date Received at FAFP Headquarters _____

Name of Applicant _____

Please rate the candidate on each of the following selection criteria on a scale of 1 to 10, with 10 being the highest possible rating. Please make sure your cover letter provides comments in each of the four categories. (*See note below)

Criteria	Number
Exemplary Patient Care	_____
Interpersonal Relationships	_____
Demonstrated Leadership/Professional Achievement	_____
Community Involvement/Social Commitment	_____

NAME

* To provide consistency in this numerical scale, use the following guideline to determine the numeric value to be given for each criterion;

- 5 Ranks in top 50% of current peers
- 6 Ranks in top 40% of current peers
- 7 Ranks in top 30% of current peers
- 8 Ranks in top 20% of current peers

Specific comments are required to support a rating of 9 or 10

- 9 Excellent - ranks in top 10% of current peers
- 10 Exceptional - ranks as Best Resident ever worked with

This **form must be accompanied by a cover letter** containing examples of occurrences during the candidate's residency period which demonstrate the above criteria ratings. Examples of assessment criteria for each of the four categories are below. Explain why you feel this person is the best candidate and what sets him/her apart from peers. Please be concise and specific.

All materials must be sent together and received by October 15, 2010.

Email to: Joyce Lowe, joyce@fafp.org

Letters of reference containing specific examples of how the applicant meets the following assessment criteria are the most helpful in selecting award winners. In order for the applicant to be graded fairly, give specific information in each of the four categories listed below.

Exemplary Patient Care

- Good professional rapport with patients
- Thorough, discerning diagnostic skills
- Appropriate use of consultants
- Ability to formulate and follow through on proper treatment

Interpersonal Relationships

- With patients
- With physician peers
- With office/hospital personnel
- With supervisory faculty
- With the public

Demonstrated Leadership/Professional Achievement

Leadership role in:

- Organized medicine—national, state or local
- Other organizations
- Residency program

Special awards or achievement in:

- Scholastics
- Research
- Teaching
- Writing
- Public speaking

Community Involvement/Social Commitment

Volunteer service, participation in activities of:

- Community
- Church
- Schools
- Sports
- Politics
- Charities

Please forward the above rating scale and your reference letter.

All materials must be sent together and received by October 15, 2010.

Email to: Joyce Lowe, joyce@fafp.org

Active Member's Recommendation of Candidate

Date Submitted _____ Date Received at FAFP Headquarters _____

Name of Applicant _____

Please rate the candidate on each of the following selection criteria on a scale of 1 to 10, with 10 being the highest possible rating. Please make sure your cover letter provides comments in each of the four categories. (*See *note below*)

Criteria	Number
Exemplary Patient Care	_____
Interpersonal Relationships	_____
Demonstrated Leadership/Professional Achievement	_____
Community Involvement/Social Commitment	_____

NAME _____

* To provide consistency in this numerical scale, use the following guideline to determine the numerical value to be given for each criterion:

- 5 - Ranks in top 50% of current peers
- 6 - Ranks in top 40% of current peers
- 7 - Ranks in top 30% of current peers
- 8 - Ranks in top 20% of current peers

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**FLORIDA ACADEMY OF FAMILY PHYSICIANS FOUNDATION
EXCEPTIONAL RESIDENT SCHOLAR PROGRAM APPLICATION**

Applicant's Name _____

Date of Birth _____ Place of birth _____

Current home address _____

Home Phone _____

Work Phone _____

E-mail _____

Applicant's home town _____

List formal education (high school to current status)

Name of School	City and State	From	To	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you a resident member of the Florida Academy of Family Physicians? YES___ NO ___

/ am a third-year resident* at _____

Name of Program _____

Address _____

Name of Program Director _____

Address _____

All materials must be sent together and received by October 15, 2010.

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*You must be a third-year resident in an ACGME accredited family medicine residency at the date of application.