

January 6, 2006

Dear Applicant

Thank you for your interest in our Faculty Development Primary Care Research Fellowship. This is a joint program administered by the University of Maryland Department of Family Medicine and Johns Hopkins University School of Medicine Division of General Pediatrics and Adolescent Medicine. We are enclosing an application, a description of the goals and objectives of the program and a confidential reference report that needs to be copied and distributed to three of your references. Please be sure that your references follow the instructions on the reference page.

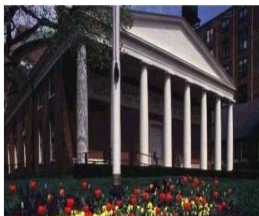
Entering fellows complete a two or three-year option. Three years is *preferred* in order to be able to complete the fellowship requirements. If you are interested in starting in the 2006-07 academic year, please submit the application by *January 30, 2006*. Your references should each mail in their letter and the completed form before January 30, 2006.

Should you have any questions, please contact the fellowship Program Director Dr. Beth Barnet at (410) 328-2550 or email at bbarnet@som.umaryland.edu.

Sincerely yours,

Beth Barnet, M.D.
Associate Professor
Director, Primary Care Research Fellowship
Department of Family Medicine

Enclosures



**Primary Care Research Fellowship
Joint Research Training Program**

**University of Maryland School of Medicine
Department of Family Medicine
and
Johns Hopkins University School of Medicine
Division of General Pediatrics and Adolescent Medicine**

APPLICATION FORM

Date _____

Although timing may vary with individual cases, the Program will try to follow this schedule:

1. Application must be submitted by January 30th of the year the candidate seeks entrance into the Program. Contact Program Director for possible exceptions. The fellowship begins on July 1st and lasts for two or three years.
2. Candidates are notified of the decisions on their applications by March 1 of the year of admission.

Please give the attached Confidential Reference Reports promptly to the three individuals you list on page 5 as providing references.

NAME:	
HOME ADDRESS:	
HOME TELEPHONE:	
WORK TELEPHONE:	
PAGER NUMBER (OPTIONAL)	
E-MAIL ADDRESS	
CURRENT POSITION	
SOCIAL SECURITY #:	
DATE OF BIRTH:	
Ethnicity: (OPTIONAL)	
NATIONALITY:	
ARE YOU A US CITIZEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you in possession of a valid Alien Registration Receipt Card I-551 or I-151? <input type="checkbox"/> No <input type="checkbox"/> Yes
PERMANENT RESIDENT OF	<input type="checkbox"/> Yes <input type="checkbox"/> No

THE U.S.?	
ANTICIPATED STARTING DATE IN PROGRAM	

INTERVIEW

Please list some dates on which you might be available to come to Baltimore for an interview.

A. EDUCATION

1. Undergraduate colleges attended

Institution	Campus/Location/Site	Dates	Major	Degree Granted

2. Undergraduate medical training

Institution	Dates Attended	Date Graduated

3. Residency training

PG Training	Dates	Institution	Location	Type Of Residency
PG - 1				
PG - 2				
PG - 3				
PG - 4				

4. Fellowships [] None

Name of Fellowship	Institution	Dates

5. Please list student/faculty committees on which you have served e.g. curriculum committee, admissions committee, etc.: [] None

Committees	Institutions	Dates	Duties

6. Are you a diplomate of the U.S. Medical Licensing Exam of the National Board of Medical Examiners (NBME)?

No Yes→

Date Passed Step 1:_____ Date Passed Step 2:_____ Date Passed Step 3:_____

7. Are you certified by the American Board of Family Practice?

No Yes→ Date:_____

8. If you are not now Board certified, do you plan to be?

No Yes→ Date:_____

B. WORK AND EXPERIENCE

1. Please check any of the following experiences you may have had

	LOCATION	DATES
<input type="checkbox"/> Military		
<input type="checkbox"/> National Health Services Corp.		
<input type="checkbox"/> U.S. Public Health Service		
<input type="checkbox"/> Clinical Practice		
<input type="checkbox"/> Other (Specify)		

C. ACHIEVEMENTS

1. Please list the names of any awards, honors, scholarships, or medals received in order of importance, as you perceive their relative worth to you personally. List up to four.

	NAME OF AWARD	AWARD CITATION (Reason for Award)	INSTITUTION	DATE
1 st				
2 nd				
3 rd				
4 th				

2. If you have published, please list your publications (monographs, articles and abstracts) if available enclose publications. (Use separate paper if necessary)

3. Please indicate any areas of research, either medical or non-medical, in which you have experience or expertise. (Use separate paper if necessary)

4. Please attach a current curriculum vitae.

D. REASONS FOR APPLYING

In a one to two page statement, please describe the reason for your interest in this program. The statement must describe your career goals and how these can be facilitated by acceptance into the Primary Care Research Fellowship Program. You may want to explain how past experiences influenced your decision to apply and mention special areas of interest. Attach your statement to this form. Make sure your name appears on the statement.

E. REFERENCES

The Primary Care Fellowship Program requires that the applicant supply three letters of reference on the reference forms provided in this application packet.

Please list the names and addresses of the three persons to whom you are going to send reference forms for completion. One of them must be the Program Director or Department Chair of your most recent clinical training program.

	NAME	TITLE	ADDRESS
1			
2			
3			

The above three references are required. If you wish, two additional letters of support may be solicited. (Please photocopy one of the enclosed reference forms to be used by additional referees.)

	NAME	TITLE	ADDRESS
4			
5			

COMPLETED FORM TO BE MAILED TO:

Beth Barnet, M.D.
 Department of Family Medicine
 University of Maryland School of Medicine
 29 S. Paca St., Lower Level
 Baltimore, MD 21201

 Signature

 Date

CONFIDENTIAL REFERENCE REPORT

TO THE APPLICANT: Please complete before presenting to the reference.

Applicant's Name _____

Applicant's Address _____

Applicant's Telephone Number _____

TO THE REFERENCE:

The candidate whose name appears above considers you able to assess his/her qualifications as a fellow candidate for the joint Johns Hopkins and University of Maryland Primary Care Academic Fellowship Program. The program provides research and teaching opportunities in primary care to family physicians and pediatricians who have completed their residencies and aspire to faculty positions. Formal training in teaching and research methodologies, coursework leading to an MPH, computer instruction, and health care research will be offered. Each fellow must design, implement and analyze a research project and will be directly involved in health care delivery and medical and graduate medical education.

INSTRUCTIONS:

	Unable To Judge	Poor Lowest 25%	Fair Middle 26%-75%	Excellent Top 76%-90%	Outstanding Top 91-100%
	0	1	2	3	4
<p>(1.) Please complete the chart on the right. Rate the applicant by writing the number which most nearly represents your opinion of the applicant in comparison with a representative group of individuals you have known who have had approximately the same training and experience.</p> <p>(2.) In an accompanying letter, please elaborate on the applicant's performance on the basis of which you arrived at your assessment, citing, if possible, specific illustrations. In addition, indicate the candidate's points of greatest strength and weakness and comment on his/her personal and professional qualifications for a career in academic pediatrics. <u>This Form Will Not Be Reviewed Without The Accompanying Letter</u></p> <p>(3) DO NOT RETURN THE COMPLETED FORM TO THE APPLICANT. PLEASE MAIL DIRECTLY TO:</p> <p>Beth Barnet, M.D. Director of Fellowship Training Department of Family Medicine University of Maryland School of Medicine 29 S. Paca St. Lower Level Baltimore, MD 21201</p>	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Ability to meet deadlines	_____	_____	_____	_____	_____
Clinical Ability	_____	_____	_____	_____	_____
Interpersonal Facility with Peers	_____	_____	_____	_____	_____
Interpersonal facility with patients	_____	_____	_____	_____	_____
Potential skill at research	_____	_____	_____	_____	_____
Judgement/critical sense	_____	_____	_____	_____	_____
Intellectual ability	_____	_____	_____	_____	_____
Leadership capacity	_____	_____	_____	_____	_____
Ability to function in a stressful environment	_____	_____	_____	_____	_____
Ability to communicate (Written)	_____	_____	_____	_____	_____
Ability to communicate (Spoken)	_____	_____	_____	_____	_____
Teaching ability	_____	_____	_____	_____	_____
Overall evaluation	_____	_____	_____	_____	_____

Signature of person providing reference

Printed name of person providing reference

Date

Title of person providing reference

Institution

Telephone Number