

## Medical Education Research Scholars Program (MERSP) Application Cover Sheet

Name ( <b>Last, First, M.I.</b> ):	
Degree(s):	
Title:	
Appointment with WSU:	<input type="checkbox"/> Faculty (Payroll) <input type="checkbox"/> Full Time Affiliation (FTA) <input type="checkbox"/> Voluntary Faculty <input type="checkbox"/> Other/ None
Department:	
Department Chair:	
Department Administrator:	
Applicant Email:	
Applicant Telephone:	
Applicant Fax	

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Application Form

### I. Summary of current medical education responsibilities

### II. Summary of medical education research experience

### III. Summary of why you want to participate in the program and how this program would advance your career and benefit the medical school

## Application Form (cont)

IV. A list of medical education research areas/topics you would like to pursue
1.
2.
3.
4.
5.
6.
7.
8.

## Proposal Checklist

*Please check the box to choose the appropriate task.*

- Application cover sheet with original signatures of applicant and Department Chair
  
- Summary of current medical education responsibilities
  
- Summary of medical education research experience
  
- Summary of why you want to participate in the program and how this program would advance your career and benefit the medical school
  
- List of medical education research areas/topics you would like to pursue
  
- Letter of support by your department chair
  
- Dated copy of your curriculum vitae