**Applicant: (1) Complete pages 1 and 2.**

**(2) Give pages 3 and 4 to your program director to complete and sign.**

Name: Click here to enter text. FMR Program: Click here

Preferred Mailing Address:Click here

Office Phone:Click here Cell Phone: Click here Email:Click here

Do you identify as Underrepresented in Medicine (URM)? Yes or No

Month/year hired as Behavioral Science faculty: MM/YYYYHours per week spent as faculty\*? Hrs/Wk

*\*hours committed to teaching residents/medical students including seeing patients with learners, administrative responsibilities and teaching prep*

Number of Behavioral Science faculty in your program (including applicant):Click here

Number of residents in each class. 1st year: # 2nd year :# 3rd year: Click here to enter text.

The BFEF fellowship is a faculty development program and requires dedicated time towards creation and completion of an educational scholarly project and attendance to the following national conferences **(conference registrations are included in the fellowship fee)**:

* 2024 STFM Annual Conference May 4-8, 2024; Los Angeles, CA
* 2024 STFM Conference on Practice and Quality Improvement September 15-18, 2024; Denver, CO
* 2025 STFM Annual Conference May 3-7, 2025; Salt Lake City, UT

You will collaborate with your program director to identify departmental behavioral science educational needs. Based on that, you will complete a Professional Learning Contract which includes a plan to address those needs. The benefits to your department are that you will:

* Complete an **educational scholarly project**, and national poster presentation at the STFM Annual Conference
* Develop a curriculum that meets the most current guidelines mandated by the ACGME
* Find a **professional home** with a diverse array of behavioral scientists
* Begin a lifetime of mentoring from peers, colleagues and national experts.

The review committee will give priority to applicants who will have been in their faculty position for at least one year at the start of fellowship (i.e., May 1, 2024).

I acknowledge my understanding of the expectations of the Behavioral Science/Family Systems Educator Fellowship, should I be accepted into the program. I recognize that as a fellow, I will need to uphold the following expectations to continue to be recognized as a fellow:

 I will attend all three of the STFM conferences as articulated in this application. I understand that my full attendance is required in order for me to be recognized as a fellow.

* I accept financial responsibility for any costs associated with attending this event not covered by the program tuition or my institution, including but not limited to travel, lodging, and meals.
* I have informed my supervisor of the possibility for the needed time away to participate in the Behavioral Science/Family Systems Educator Fellowship and associated STFM conferences should I be granted admission to the program.
* I acknowledge that deferment of my position can only occur in the event of a medical condition or personal emergency. Deferment is at the discretion of STFM staff and will be reviewed on an individual basis. If I am not able to fully participate in the fellowship, I understand that my position may be awarded to another applicant and that my registration fee may be forfeited.

By typing my name in the space provided, I acknowledge that I have read the above expectations and *commit to following all of these expectations to be recognized as an STFM Behavioral Science/Family Systems Educator Fellow.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE ANSWERED BY THE APPLICANT:

In order for us to understand you and your learning needs, please answer the following questions (500-word maximum per question).

1. How do you see your participation in the STFM Behavioral Science/Family Systems Educator Fellowship enhancing your ability to serve effectively as a Behavioral Science/Family Systems educator?

Click here to enter text.

1. Define three curricular needs you have recognized that could be tied to your program/organization’s needs.

Click here to enter text.

1. Please describe your scholarly interests in residency/student education, commenting on current and previous activities as well as where you see your growth opportunities in scholarly work (within residency and student education).

Click here to enter text.

I, the undersigned, am dedicated to making the most of this opportunity to participate in the fellowship. I have read and understood these requirements.

**Jane Doe**

Date

**To complete your application:**

**1. Save this file, your cv, and your program director’s application pages as a single PDF and name file; lastname\_bfef\_2024**

**4. Send all documents by November 30, 2023 to: sbrown@stfm.org**

**PROGRAM DIRECTORS: PLEASE COMPLETE THIS SECTION (Page 3 and 4)**

The BFEF fellowship is a faculty development program and requires dedicated time towards creation and completion of an educational scholarly project and attendance to the following national conferences **(conference registrations are included in the fellowship fee)**:

* 2024 STFM Annual Conference May 4-8, 2024; Los Angeles, CA
* 2024 STFM Conference on Practice and Quality Improvement September 15-18, 2024; Denver, CO
* 2025 STFM Annual Conference May 3-7, 2025; Salt Lake City, UT

Your behavioral science faculty will collaborate with you as program director to identify departmental behavioral science educational needs. Based on that, your faculty will complete a Professional Learning Contract which includes a plan to address those. It is expected that dedicated time for fellows' scholarly work will be a part of their Learning Contract.

The benefits to your department are that your behavioral science faculty will:

* Complete an **educational scholarly project**, and national poster presentation at the STFM Annual Conference
* Develop a curriculum that meets the most current guidelines mandated by the ACGME
* Find a **professional home** with a diverse array of behavioral scientists
* Begin a lifetime of mentoring from peers, colleagues and national experts.

**TO BE ANSWERED BY THE PROGRAM DIRECTOR**

***Please respond to the following questions in 300 words or less:***

*1. Why do you believe that your faculty member is a good candidate for the STFM Behavioral Science/Family Systems Educator fellowship?*

Click here to enter text.

*2.What benefits will your program be likely to realize as a result of this faculty’s participation in the Behavioral Science/Family Systems Educator fellowship (ex. create new curriculum, enhance existing curriculum, replace longstanding curriculum)*

Click here to enter text.

I understand that it is expected that my faculty member will be able to:

☒Have dedicated time to work on the fellowship’s scholarly project

☒Attend the 2024 and 2025 STFM Annual Spring Conferences

☒Attend the 2024 STFM Conference on Practice and Quality Improvement

I, the undersigned, am dedicated to making the most of this opportunity for my Behavioral Science Educator to participate in the fellowship. I fully intend to provide the resources necessary to support my faculty member’s participation in this fellowship.

Program Director name

 Today’s date

Email

**PLEASE RETURN THIS FORM TO YOUR FACULTY MEMBER TO SEND IN WITH THEIR APPLICATION.**

**STFM Ethics and Conduct Policy:**

<https://www.stfm.org/about/governance/statements/#35832>

By typing my name in the space provided, I am stating that I agree to abide by the terms stated in the STFM Ethics and Conduct Policy.

Full Name:

Date:

**Underrepresented in Medicine Scholarship (URM):**

Please sign and date below if interested in the Underrepresented in Medicine Scholarship:

Underrepresented in Medicine Scholarship: The STFM Foundation is offering a scholarship to cover the fellowship registration fee for an underrepresented in medicine participant. To apply please identify your race from the following list (check all that apply): \_\_American Indian/Alaska Native \_\_Black/African American \_\_\_Hispanic/Latino \_\_Native Hawaiian/Pacific Islander

**Policy of Deferment for the URM STFM Foundation Scholarship (if applicable):**

I acknowledge my understanding of the expectations of receiving the URM Scholarship, should one be awarded to me. I recognize that as a scholarship winner, I will need to uphold the following expectations to continue to be recognized as a scholarship winner.

* I understand my attendance is required to be recognized as a scholarship winner and receive reimbursement.
* I accept financial responsibility for any costs associated with attending this event not covered by the scholarship or my institution, including but not limited to travel, lodging, and meals.
* I have informed my supervisor of the possibility of the needed time away to participate in the BFEF Workshop and the STFM Annual Spring Conference should I be awarded a scholarship.
* I acknowledge that deferment of this scholarship can only occur in the event of a medical condition or personal emergency. Deferment is at the discretion of STFM staff and will be reviewed on an individual basis. If you are not able to fully participate in the scholarship program, your scholarship may be awarded to another applicant.
* I understand the STFM Foundation will reimburse me for the price of registration to the STFM Annual Spring Conference and after these events have occurred.

By typing my name in the space provided, I acknowledge that I have read the above expectations and *commit to following all of these expectations to be recognized as a Behavioral Science Family Systems Educator Fellowship Resident Scholar.*

Full Name:

Date: