



## REGISTRATION FORM

### Registration Faculty Fundamentals Certificate Program

#### Information:

Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (cell/home/work): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Professional Role: *check all that apply*

- Administrator/Manager
- Behavioral/Social Science Specialist
- CEO/Executive Director
- Chief Medical Officer
- Coordinator
- Dean
- Dean-Assistant/Associate
- Department Chair
- Department Vice Chair
- DIO
- Faculty-Medical School
- Faculty-Residency Program
- Fellow
- Fellowship Director
- Health Educator/Dietician
- Medical Assistant
- Medical Director
- MSE/Clerkship Director
- Nurse
- Nurse Practitioner
- Pharmacist
- Physician Assistant
- Practicing Physician
- Program Director
- Program Director-Assistant/Associate
- QI Specialist
- Researcher
- Resident
- Retired
- Student

#### Method of Payment:

- Check Enclosed, Payable to STFM
- Mastercard
- Visa
- AMEX
- Discover

Card Number: \_\_\_\_\_ CW: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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#### Mail this form with payment to:

STFM  
11400 Tomahawk Creek Parkway, Suite 240  
Leawood, KS 66211-2672

Or, fax this form with credit card information to (913) 906-6096

#### Program Details:

This certificate program includes 14 self-led online courses with assignments to provide foundational training for residency faculty. Completion of the track requires a minimum of 35 hours. To graduate, participants must complete all courses and assignments and pass a final exam. Graduates receive a certificate, letter of congratulations noting the accomplishment, a letter to their program director, and a press release to distribute locally.

Contact Brian Hischier at [bhischier@stfm.org](mailto:bhischier@stfm.org) with questions about the program.

## Demographics:

Date of Birth: \_\_\_/\_\_\_/\_\_\_

What is your current gender identity? (Select all that apply)

- Male/Man  Female/Woman  Genderqueer/Gender non-conforming  Non-binary  
 Prefer to self-describe  Choose not to disclose

Which of the following best defines your race or ethnicity? (Select all that apply)

- American Indian/Alaska Native/Indigenous  Asian  Black/African American  
 Hispanic/Latino/of Spanish Origin  Middle Eastern/North African  
 Native Hawaiian/other Pacific Islander  White  Choose not to disclose

One of both my parents (or whoever raised me) graduated from college:  Yes  No

Choose not to disclose

Underrepresented in medicine means those racial and ethnic populations that are under-represented in the medical profession relative to their numbers in the general population (Black/African-American, Hispanic/Latino/of Spanish Origin, American Indian/Alaska Native/Indigenous, Native Hawaiian/other Pacific Islander, and certain Asian ethnicities\*). \* *Vietnam, Cambodia, Indonesia, and Laos*

I self-identify as underrepresented in medicine:  Yes  No