The Physicians Foundation Fellowship Program Application

The Physicians Foundation is proud to announce it is accepting applications from physicians who are new or mid-career for its Fellowship Program. Applicants must demonstrate experience with and interest in areas such as social drivers of health (SDOH), physician leadership, health policy, health equity and clinical/care delivery innovation.

THE PHYSICIANS FOUNDATION
Empowering Physicians
Improving Healthcare

The Physicians Foundation's Fellowship Program is aimed to advance physicians' leadership skills to improve physician wellbeing, address SDOH and lift physician perspectives. The fellowship provides a mentoring program that equips participants with the tools and knowledge to engage in addressing the immediate and ongoing challenges facing physicians, ultimately improving practice environments and professional fulfillment.

To participate in this program, applicants must fill out and submit the application including a statement of intent, current resume/CV and at least two letters of recommendation, one of which is recommended to be from your state or county medical society.

The deadline to apply for this fellowship program is **Friday, March 25, 2022**.

Please enter your name as it appears on your medical license.

First Name _____   *Last Name* _____

Middle Name _____   *Preferred Name/Pronouns* _____

Address _____

Address 2 _____

City _____   *State* _____   *Zip/Postal Code* _____

Primary Email _____ *Mobile Phone* _____

Alternate Email _____ *Work Phone* _____

MEDICAL SCHOOL EDUCATION

School Name _____

Graduation Date _____ *State* _____ *Country* _____

School Type _____ *Degree* _____

LICENSING

License Type _____ *Status* _____ *First Date Licensed* _____

State(s) of Licensure _____

Specialty _____ *Year Began Practice (Anywhere)* _____

Current Practice Name _____

POSTGRADUATE TRAINING

Site Name _____ *End Date* _____ *Specialty* _____

Site Name _____ *End Date* _____ *Specialty* _____

SPECIALTY BOARD CERTIFICATION(S)

Specialty _____ *Certification Board* _____

Certification Date _____ *Specialty Expiration Date* _____

Applicant demographic data are important in assessing the effectiveness of our efforts to solicit applications from a diverse population. By answering the questions below, you will assist us in this regard.

Gender

Female   Male   Nonbinary   I choose not to respond

Ethnicity

Hispanic or Latino   Not Hispanic or Latino   I choose not to respond

Race

American Indian or Alaska Native   Asian   Black or African American

Native Hawaiian or Other Pacific Islander   White   Other Race

I choose not to respond

Please answer the following questions in 250 words or less to provide further details on your experience and why you are the ideal candidate for this fellowship:

1. *Why are you interested in this fellowship?*

2. *What unique characteristics, qualifications or experiences do you possess that would make you the ideal candidate for this fellowship?*

3. *How might this fellowship advance your medical career?*

Resume/CV

Please include your current resume/CV and ensure that it includes your education, last three places of employment, professional memberships and any other relevant accolades.

Statement of Intent

The fellow will develop and implement a project that builds broad-based understanding of SDOH and their implications for patients and physicians.

Please include a statement of intent that briefly describes how participation in the fellowship program will prepare you to make positive, constructive contributions to the medical profession and how the outcomes of this project could be implemented broadly. Your statement should also include a high-level abstract on a challenge related to SDOH that you would use this fellowship to explore and identify a potential solution to implement in a real-world setting. Please limit your statement to no more than 500 words.

Letters of Recommendation

All applicants must include two (2) letters of recommendation, one of which is recommended to be from your state or county medical society.

Please email the following completed documents to info@physiciansfoundation.org:

1. Completed application form
2. Statement of intent
3. Current resume/CV
4. Two letters of recommendation

Signature

Please complete the following attestation and sign your application:

- I am practicing physician in good standing with my medical license at the time of this application and for the duration of the fellowship term; and

- I will attend the monthly meetings of the Social Drivers of Health Committee and, when invited, the two-day quarterly Communications Committee meetings. In addition, I will attend and participate in The Physicians Foundation's quarterly Board of Directors meetings when invited. Moreover, I will participate in committee conference calls and email discussions whenever possible.

Signature _____

Date _____

Contact

Questions about the fellowship program or your application may be directed to info@physiciansfoundation.org.

About The Physicians Foundation

The Physicians Foundation is a nonprofit seeking to advance the work of practicing physicians and help them facilitate the delivery of high-quality health care to patients. As the U.S. health care system continues to evolve, The Physicians Foundation is steadfast in strengthening the physician-patient relationship, supporting medical practices' sustainability and helping physicians navigate the changing health care system. The Physicians Foundation pursues its mission through research, education and innovative grant making that improves physician wellbeing, strengthens physician leadership, addresses social drivers of health and lifts physician perspectives. For more information, visit www.physiciansfoundation.org.