



# SimTiki Visiting Scholar

## Fellowship Application

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## SIMTIKI VISITING SCHOLAR Fellowship Application

Please include the following documents:

- Cover letter
- Application form
- Curriculum Vitae (CV)

**First Name:** \_\_\_\_\_

**Last (Family) Name:** \_\_\_\_\_

**Gender:**  Female  Male

**Title:**  MD  RN  MS  MSN  PhD  Other:

**Specialty:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Telephone:** (work) \_\_\_\_\_

(mobile) \_\_\_\_\_

**Mail Address:** \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Mail code: \_\_\_\_\_

Country: \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Describe Your Current Work Duties:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## SIMTIKI VISITING SCHOLAR Fellowship Application

### Requested Dates for SimTiki Fellowship (mm/dd/yyyy)

Start Date:

Finish Date:

### Availability for Interview (Videoconference/Skype or in person):

### How did you hear about the SimTiki Visiting Scholar program?

Have you had experience with Medical Simulation?  Yes  No

If yes, please describe

### English Language Testing (TOEFL, IELTS, etc.) is NOT required

If you have taken any tests please provide the most recent results.

i)	Test:	SCORE	Test Date	(mm/dd/yy)
ii)	Test:	SCORE	Test Date	(mm/dd/yy)

### Funding for my participation in the SimTiki fellowship Program will be provided by:

- Personal Funds / No institutional Support
- Partial Support by my institution
- Full Supported by my institution

### Do you plan to attend the Office of Medical Education Fellowship program\*?

\*Please see Visiting Scholar Program Information Page 8 "Eligibility Requirements"

Yes  No



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## STATEMENT OF GOALS

Please describe your goals and special interests

**Signature/Please type your full name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(mm/dd/yy)