

**MILLENNIUM CONFERENCE 2019**  
**Self Directed Learning: Training Doctors for a Lifetime of Discovery**

CARL J. SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH  
AT HARVARD MEDICAL SCHOOL  
AND BETH ISRAEL DEACONESS MEDICAL CENTER  
AND  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

**APPLICATION COVER SHEET**

Electronic applications must be submitted in **one** email no later than 5:00 pm Eastern Time on  
**Friday, January 18, 2019** to:

Carol A. Hughes  
Operations Director  
Shapiro Institute for Education and Research  
617-667-5494  
[cahughes@bidmc.harvard.edu](mailto:cahughes@bidmc.harvard.edu)

Your complete electronic application (submitted as one PDF) must include the following elements:

- I. APPLICATION COVER SHEET (downloadable: [www.bidmc.org/medicaleducation](http://www.bidmc.org/medicaleducation))
- II. LETTER OF INTEREST (no longer than two pages)
- III. LETTER OF SUPPORT FROM THE DEAN OF YOUR MEDICAL SCHOOL OR ASSOCIATE DEAN FOR GME
- IV. BIOGRAPHICAL SKETCHES OF TEAM MEMBERS (no longer than 1 page for each member)

Please contact the Shapiro Institute for Education and Research by phone at (617) 667-5494 if you have questions or need any clarification.

Please fill in the requested information in the allotted spaces.

**Medical School** \_\_\_\_\_

**Affiliated Hospital/Medical Center** \_\_\_\_\_

**Names of Participants (more detailed information required on attached pages):**

Leader with oversight for undergraduate medical education curriculum \_\_\_\_\_

Pre-clerkship or clerkship course director \_\_\_\_\_

Leader within graduate medical education \_\_\_\_\_

Leader within continuing medical education \_\_\_\_\_

Other team member (optional) \_\_\_\_\_

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**PARTICIPANT INFORMATION**

1. \_\_\_\_\_  
Last name First name M.I. Degree

Academic title \_\_\_\_\_

Educational role(s) \_\_\_\_\_

\_\_\_\_\_

Clinical discipline \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

2. \_\_\_\_\_  
Last name First name M.I. Degree

Academic title \_\_\_\_\_

Education role(s) \_\_\_\_\_

\_\_\_\_\_

Clinical discipline \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

3. \_\_\_\_\_  
Last name First name M.I. Degree

Academic title \_\_\_\_\_

Education role(s) \_\_\_\_\_

\_\_\_\_\_

Clinical discipline \_\_\_\_\_

Mailing Address \_\_\_\_\_

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Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

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4. \_\_\_\_\_

Last name	First name	M.I.	Degree
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Academic title \_\_\_\_\_

Education role(s) \_\_\_\_\_

\_\_\_\_\_

Clinical discipline \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

5. \_\_\_\_\_

Last name	First name	M.I.	Degree
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Academic title \_\_\_\_\_

Education role(s) \_\_\_\_\_

\_\_\_\_\_

Clinical discipline \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

**Team leader and primary contact person (should be one of the team members listed above)**

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