



Medical Student Educators Development Institute Application

Application Deadline: March 7, 2023

Name: _____ Degree(s): _____

Organization: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Major Professional Role: _____

Work Setting: _____

Tell Us More:

(Please provide a short answer for the questions below.)

How do you believe the Medical Student Development Educators Institute (MSEDI) Fellowship will benefit you?

Please describe your scholarly interests, commenting on where you see your growth opportunities in scholarly work:

Define any curricular needs you've recognized that could be tied to your program/organizations' needs:

Schedule: The 2023-2024 Institute includes the following major events:

- Saturday, April 29, 2023 - The preconference day at STFM Annual Spring Conference
- Thursday, February 8, 2024- The preconference day of the STFM Conference on Medical Student Education

So We May Better Serve You at the In-person Conferences:

- This is my first time to attend an STFM conference.
- I have special dietary needs: Vegetarian Gluten free Other: _____
- Please check here if you have a disability and may require special accommodation(s) to fully participate. You will be contacted by conference staff for further arrangements.

Requirement: You must be an active member of STFM. To join, please go to <https://www.stfm.org/about/membership/join/>.

Registration Fee: Tuition for the fellowship is \$2,595. This fee includes your conference registration for the 2023 Annual Spring Conference and the 2024 STFM Conference on Medical Student Education, as well as advisor/peer support during and between meetings. **You may have the opportunity to present a completed project at the 2025 STFM Conference on Medical Student Education (MSE), but the MSED tuition does not include registration for the 2025 MSE Conference. It is not a graduation requirement of the Institute that you attend the MSE conference, only that you submit your scholarly project to it.**

Payment Method:

Check (Make Payable to STFM)

Credit Card - *Complete the information below or call to receive and pay via a secure link, or pay over the phone.*

Mastercard Visa American Express

Name on card: _____ Exp date: _____

Card Number: _____ CVV: _____

Billing Address: _____

Send completed form to Jenni Minor by email jminor@stfm.org, fax 913-906-6096, or mail to: STFM, 11400 Tomahawk Creek Pkwy, Suite 240, Leawood, KS 66211