



American Association of Oral and Maxillofacial Surgeons



***Faculty Educator Development Award
Application
(06/08)***

*Applications must be received by **April 15** at:
American Association of Oral and Maxillofacial Surgeons
Attn: FEDA Review Committee
9700 West Bryn Mawr Avenue
Rosemont, IL 60018-5701*

1. APPLICANT INFORMATION

*** ATTACH A COPY OF CV WITH APPLICATION**

First: _____ Middle: _____ Last Name: _____

Dental School: _____ Degree & Date: _____

Medical School: _____ Degree & Date: _____

Please list additional degrees: _____

OMS Training Program: _____

Length of OMS Training: _____ Date Training Completed: _____

Licensure: State(s): Date Completed:

Dental: _____

Medical: _____

Board Certification: Specialty: Date Completed:

Professional Experience: (Include Specialty, Type of Practice {private, academic, federal}, Dates and Location)

Specialty/Type Practice: Dates/Location:

Area of Clinical/Surgical Expertise: _____

Mentor(s): _____

Current Award Applications applied for: (include NIH, OMS Foundation, etc.)

Have you previously applied for this award: _____ If Yes, what year: _____

CONFIDENTIAL: Total amount of debt: _____

Total Educational Debt: _____

2. OMS PROGRAM (SPONSORING INSTITUTION) INFORMATION:

Name of Program: _____

Address: _____

Program Chair: _____

Program Director: _____

List of Full Time Faculty:

Name:

Length of time in Academics:

Total Number of Residents: _____

Current Grants Being Applied For: _____

Previous FEDA Award/Foundation Awards/NIH Grants Received:

Applicants' total compensation with the institution: \$ _____

Base/Guaranteed Salary: _____

Practice Income: _____

Bonus/Incentive: _____

3. **A DESCRIPTION OF THE MENTORING PROCESS THAT HAS BEEN DEVELOPED WITHIN THE DEPARTMENT FOR NEW/YOUNG FACULTY MEMBERS. INCLUDE A LIST OF CURRENT OR FORMER FACULTY MEMBERS WHO HAVE RECEIVED THIS MENTORING. (INCLUDE APPLICANT SCHEDULE RELATIVE TO RESEARCH, CLINIC, STUDY, ON-CALL TIME; TIME TO ATTEND MEETINGS/COURSES; ETC.) (Submit on Addendum A)**

**TO BE COMPLETED BY SPONSORING INSTITUTION*

4. **PROFESSIONAL ACTIVITY PLAN/ DESCRIBE FUTURE PLANS FOR APPLYING THE KNOWLEDGE AND SKILLS THE APPLICANT WILL GAIN FROM THE AWARD (Submit on Addendum B)**

The plan is not to exceed ten (10) pages. Include a description of current and future plans during award scholarship including the objectives and responsibilities in each area. Include the apportionment of time to each area. Include how this award will impact your ability to achieve this plan.

**TO BE COMPLETED BY APPLICANT*

5. **AWARDEE/SUPPORTING INSTITUTION AGREEMENT (Submit on Addendum C)**

**TO BE SIGNED BY APPLICANT AND SPONSORING INSTITUTION*

6. **AWARDEE PROGRESS REPORT (Submit on Addendum D)**

Submit an annual report to the AAOMS outlining the progress of the applicant, including the mentoring, educational and research activities.

**TO BE COMPLETED BY APPLICANT*

Addendum A

A DESCRIPTION OF THE MENTORING PROCESS THAT HAS BEEN DEVELOPED WITHIN THE DEPARTMENT FOR NEW/YOUNG FACULTY MEMBERS. INCLUDE A LIST OF CURRENT OR FORMER FACULTY MEMBERS WHO HAVE RECEIVED THIS MENTORING. INCLUDE APPLICANT SCHEDULE RELATIVE TO RESEARCH, CLINIC, STUDY, ON-CALL TIME AND TIME TO ATTEND MEETINGS/COURSES

Addendum B

**PROFESSIONAL ACTIVITY PLAN/DESCRIBE FUTURE PLANS FOR APPLYING THE KNOWLEDGE
AND SKILLS THE APPLICANT WILL GAIN FROM THE AWARD**

**TO BE COMPLETED BY APPLICANT AND SPONSORING INSTITUTION*

APPLICANT:

How will the FEDA award help in your career development?

SPONSORING INSTITUTION:

How will the FEDA award help in the career development of this individual?

Addendum C
AWARDEE/SUPPORTING INSTITUTION AGREEMENT

I/We hereby understand and agree with the following stipulations regarding the acceptance of the Faculty Educator Development Award:

- The FEDA Applicant will commit to serving in a full-time faculty position for a period of six years after s/he is selected for an award
- During the first three (3) years the awardee will receive FEDA funds as described in Section III, A, 5. Additionally, the institution will receive a one-time disbursement for faculty enrichment as described in Section III, B, 2-3. The first payment to the recipient will be made following recognition at the AAOMS Annual Meeting, and annually for 2 years, thereafter based upon recipient of an annual report.
- If the FEDA recipient fails to meet the commitment as described in Section III, A, c, a pro-rata share of the disbursements paid to the recipient must be returned to the AAOMS within one year of the date on which the recipient left the faculty position as described in Section III, A, 3.
- If the FEDA recipient leaves academics and/or transfers to another academic institution during the award agreement, the institution is not obligated to reimburse the AAOMS or transfer the institution's award funds of \$10,000.
- If the award recipients' academic position is terminated during the award commitment, the award recipient will be responsible for reimbursing the AAOMS as described in Section III.A.3.

This agreement is subject to the terms and conditions of the FEDA Award Guidelines. All parties named on this form will be subject to the above terms during the tenure of the award agreement.

FEDA Applicant Signature

Date

OMS Program Director

Date

Please return this form to

**AAOMS Headquarters
9700 W. Bryn Mawr Avenue
Rosemont, IL 60018
Attention: Mary Allaire-Schnitzer**

Addendum D
AWARDEE PROGRESS REPORT

Submit an annual report to the AAOMS outlining the progress of the applicant, including the mentoring, educational and research activities.

**TO BE COMPLETED BY AWARDEE ONE YEAR FOLLOWING RECEIPT OF AWARD*

First: _____ Middle: _____ Last Name: _____

Institution Name: _____

Address:

City: _____ State: _____ Zip: _____

Academic Title: _____

Year Received FEDA Award: _____

Are you at the same institution as you were when you received the FEDA Award?

___ YES ___ NO

If No, please list your current institution: _____

How has the FEDA award affected you personally?

How has the FEDA award affected you professionally?

How has the FEDA award impacted the specialty of oral and maxillofacial surgery?

Without the FEDA award, would you have left academics? __YES __NO

If Yes, please explain:

How many publications have been generated directly or indirectly from your award?

If any, please list publications:

Have you acquired additional funding or resources as a result of your FEDA Award?

__YES __NO

If yes, how much additional funding have you acquired as a result of your FEDA Award?

\$_____

Have there been any patents, copyrights or royalties generated as a result of your Award? __YES __NO

If yes, please list any patents, copyrights, or royalties generated:

What strengths, weaknesses or suggestions do you have in regard to this award?

FEDA Application Checklist

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| Applicant |
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- Completed Application
- Current Membership in AAOMS & OMS Foundation
- Current CV
- Current and Future Professional Activity Plan/Future Plans for how the FEDA award will develop your career(Addendum B)
- Signed Agreement Form (Addendum C)

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|--------------------|
| Institution |
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- Description of Mentoring Process for Junior Faculty (Addendum A)
- List of current or former faculty members who have received this mentoring (Addendum A)
- An organizational structure chart for the department including number of full and part time faculty indicating board certification status (Addendum A)
- A detailed schedule of the recipients first year commitments including undergraduate and graduate teaching assignments/Mentorship plan for applicant (Addendum A)
- Future Plans for Applying the Knowledge and Skills the Applicant will Gain from the Award (Addendum B)
- Signed Agreement Form (Addendum C)