

Yale SCHOOL OF MEDICINE

Teaching and Learning Center
Master of Health Science
Medical Education Pathway
Degree Program
Application Form

Block 2

IMPORTANT - READ before you start the application.
Follow instructions provided on TLC website:
<https://medicine.yale.edu/tlc/mhsdeg/apply/>

- Download and Read the Application Instructions thoroughly before completing the application. As noted in the instructions, it can be helpful to download the PDF of the Application Form. Instructions can be found here: <https://medicine.yale.edu/tlc/mhsdeg/apply/>
- This application must be completed in one sitting - it cannot be saved and completed later.
- It is estimated that it will take 5-8 minutes to complete if all required documents and information are ready and on hand.

- An application will not be accepted without the required letters of approval/support uploaded as part of the application form.

**DEADLINE for completed applications:
11:59 pm - January 31, 2023**

After submitting your MHS-Med Ed Application, you will receive an email confirming that your application is received.

Acceptance Decisions will be communicated to you directly via email.

If you require assistance, please contact Dorothy DeBernardo via email dorothy.debernardo@yale.edu.

Default Question Block

Applicant Personal Information

Enter the information in the fields below. *This information will be held in a confidential file.* All information fields must be filled in to complete the application.

First Name

Last Name

Yale Campus
Address

Applicant Professional Information

Enter the information in the fields below. Select all that apply:

MD

PhD

PA

EdD

Other - be specific

Applicant Appointment Information

Enter the YSM department where you hold an appointment:

Applicant Rank

Select your rank in your department that applies:

- Professor
- Associate Professor
- Assistant Professor
- Resident
- Fellow
- Other - be specific

Enter the applicant's Yale email address:

Applicant's Optional Contact Information

Cell phone
Number:

The three signed letters of approval/support should be scanned and saved to one file before uploading. The file may be a PDF or a Word document, the size of the file must not exceed 100MB. Upload the required document below. See the Application Instructions for further details.

Upload your CV Part 1 (and Part 2 if available) in PDF format below.

Approval of MHS Program Director in the Applicant's Department

Enter the information in the fields below to identify the MHS Program Director in the applicant's department. All information

fields must be filled in to complete the application.

First Name

Last Name

Title

Degree(s)

Department

Email Address

Office Telephone

MHS Mentor Committee Information

The MHS Mentor Committee is a three-person committee, which includes the applicant's Primary Mentor and two other full-time faculty members selected by the applicant and approved by the MHS Program Director in the applicant's department. The Primary Mentor must be a full-time YSM faculty member; other members may be from another Yale school. Mentor Committee members should be from multiple departments and offer expertise especially in medical education research. In addition to the three-member Mentor Committee, a student may include advisors whose is to consult on specific areas of expertise required for the project.

Note:

- At least one committee member must be from a department different from the applicant's home department or section.
- TLC faculty members may not serve as a member of the Mentor Committee. However, they may be requested to act as an advisor in cases where medical education research expertise is required.
- All members must be full-time Yale faculty.

The Mentor Committee will be responsible to meet two to three times a year with the MHS-Med Ed student. The Committee will also be responsible for reviewing and approving the master's thesis research project.

By entering the names of the MHS Mentor Committee members

below, the applicant certifies that these faculty have confirmed their understanding of their role and commitment to serve.

Primary Mentor: First Mentor Committee Member

Enter the information in the fields below to identify the applicant's primary mentor. **All information fields must be filled in to complete the application.**

First Name

Last Name

Title

Degree(s)

Department

Email Address

MHS Mentor Committee Member (Second Member)

Enter the information in the fields below to identify the applicant's second, of three, MHS Mentor Committee faculty members. (Please note: The primary mentor is the first member.) All information fields must be filled in to complete the application.

First Name

Last Name

Title

Degree(s)

Department

Email Address

Office Telephone

MHS Mentor Committee Member (Third Member)

Enter the information in the fields below to identify the applicant's third MHS Mentor Committee faculty member. All information fields must be filled in to complete the application.

First Name

Last Name

Title

Degree(s)

Department

Email Address

Office Telephone

Research Project Information

Enter the title of your proposed education research project:

Enter the research question(s) your proposed research will answer.

Research Project Description

Upload your proposed education research project description. The file may be a Word or PDF document not to exceed 100MB. The description should include as much detail as possible.

Include your name and page numbers & use these exact seven (7) headings in your document:

1. Aims of the research project, providing a concise summary of the hypothesis or questions to be examined and the specific aims of the work proposed. (1/2 page)
2. Previous work: On the same or related problems by other investigators and by the applicant's mentor(s). (1-2 pages)
3. Method of approach to the research problem/question, including description of proposed subjects, methods, and procedures. Clear description of the overall design of the study. If appropriate, with consideration of statistical aspects of the approach, the adequacy of controls and numbers of observations is required. Details of any collaborative arrangements specified. (up to 3 pages)
4. Experimental problems: If applicable, describe experimental problems that must be overcome to successfully accomplish the goals of the research project. (1/2 page)
5. Significance and relevance of the research (1/2 page)
6. Ethical aspects of the proposed research (1/2 page)
7. Literature cited

Upload your Personal Statement about how the MHS-Med Ed degree will aid your career. This can be added as a Word or PDF document in a file no larger than 100MB.

Status of Human Investigation Committee (HIC) approval of protocol:

- Approved
- Approval will be obtained prior to commencing the research project.

Enter the HIC Approval Number:

MHS Required Courses

Enter the year you plan to take each of the MHS required courses listed below. If the applicant is uncertain of the year she/he will take the course enter Not Yet Known.

NOTE: All information fields must be filled in to complete the application.

IMED 645 Introduction
to Biostatistics

IMED 625 Principles of
Clinical Research

Sect Ed 501

Responsible Conduct
of Research or IMED
630 Ethical and
Practical Issues in
Clinical
Investigation

Tuition

The tuition for the degree is \$28,000 of which \$8,000 is required. The remaining \$20,000 balance will either be waived by the Medical School or can be supported by an NIH training grant from the responsible department. The balance of \$8,000 must be paid either by the applicant's department or by the applicant personally.

At the time of application, it is required that the applicant state how the \$8,000 tuition balance will be paid. State below whether the applicant's department is paying the balance, the applicant will pay personally, or other.

In addition, how the \$8,000 balance in tuition will be paid must be confirmed in the letter of support by the applicant's MHS Department Program Director.

Select the appropriate statement, which will be confirmed in the letter of support from the applicant's MHS Department Program Director.

- My department will pay the \$8,000 tuition balance.
- I will personally pay the \$8,000 tuition balance.
- Other: with explanation

Block 1

Submitting this application reflects your signature and
testament that all information is accurate.

Thank you.

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