Default Question Block

Yale School of Medicine
Master of Health Science
Medical Education Pathway
MHS-Med Ed
Application Form

IMPORTANT - READ the following before you start the application!

- Download and Read the Application Instructions thoroughly before completing the application. Application instructions updated 8-8-19
- 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 the application if all materials are prepared in advance and ready to upload.

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

**DEADLINE for completed applications:**
MIDNIGHT - JANUARY 6, 2020

Once you have submitted your MHS-Med Ed Application, you will receive an email confirming that your application is received. Acceptance Decisions will be communicated via email.
If you require assistance, please contact Dorothy DeBernardo at 203-785-3203 or email dorothy.debernardo@yale.edu.

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
Date of Birth (mm/dd/yyyy)
Yale Campus Address
Expected Year of Graduation from MHS-Med Ed Program

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 size of the file must not exceed 100MB. Upload the required three signed letters below.

Upload your CV 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 Thesis Committee Information

The MHS Thesis 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. **Thesis Committee members should be from multiple departments and offer the greatest possible expertise. Note: All three thesis committee members cannot be from the same department – at least one committee member must be from a different department.**

The Thesis Committee will be responsible to meet two to three times a year with the applicant. The Committee will also be responsible for approving the Master's thesis research project.
By entering the names of the MHS Thesis Committee members below, the applicant certifies that these faculty have confirmed their understanding of their role and commitment to serve.

Primary Mentor: First Thesis 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 Thesis Committee Member (Second Member)

Enter the information in the fields below to identify the applicant’s second, of three, MHS Thesis 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 Thesis Committee Member (Third Member)

Enter the information in the fields below to identify the applicant’s third MHS Thesis 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:

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 eight (8) headings in your document:

1. Personal Statement: Indicate how the MHS degree will aid your career goals.
2. 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)
3. Previous work: On the same or related problems by other investigators and by the applicant’s mentor(s). (1-2 pages)
4. 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)

5. **Experimental problems**: If applicable, describe experimental problems that must be overcome to successfully accomplish the goals of the research project. (1/2 page)

6. **Significance and relevance** of the research (1/2 page)

7. **Ethical aspects** of the proposed research (1/2 page)

8. **Literature cited**

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**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:

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**MHS Required Courses and Medical Education Pathway Requirements**

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.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMED 645</td>
<td>Introduction to Biostatistics</td>
</tr>
<tr>
<td>IMED 625</td>
<td>Principles of Clinical Research</td>
</tr>
<tr>
<td>Sect Ed 501</td>
<td>Responsible Conduct of Research</td>
</tr>
<tr>
<td>or IMED 630</td>
<td>Ethical and Practical Issues in Clinical Investigation</td>
</tr>
</tbody>
</table>

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**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 or if the applicant will pay personally.

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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