



SOCIETY to IMPROVE DIAGNOSIS in MEDICINE

Fellowship in Diagnostic Excellence Application

Deadline March 15, 2019 for 2019-2020 Academic Year •

Early Submissions Encouraged

Please complete the short application form below to be considered for a SIDM Fellowship. Additional questions are included below for consideration of a funded position.

Date: _____

Name: _____

Contact Email: _____ Contact Phone: _____

To be completed by all applicants

1. Please complete this form and send it with an academic CV, which includes education and employment history, to Fellowship@improvediagnosis.org.
2. Describe your domain of interest within the field of diagnosis (education, informatics, cognitive science, research, quality/safety, healthcare policy, or other).
3. Provide a brief proposal for a diagnosis-related project for the Fellowship year. Please be specific in your project goals and methods. (Limit: 500 words)
4. Describe the type of assistance you would be looking for from your SIDM Fellowship mentors. What knowledge, skills, and resources could they provide that would help you achieve your goals during Fellowship? (Limit: 250 words)
6. Provide the names and contact information for 2 professional references.

To be completed by those seeking a funded position:

To be eligible for funding through the Gordon and Betty Moore Foundation, you must be part of, or applying for (and eventually accepted to), an advanced degree-bearing program, have local mentors, and commit to proposed work related to diagnostic excellence. We will consider applicants from a variety of disciplines, including Quality and Safety programs, Medical Informatics, and any area deemed promising in the domain of Diagnosis. If you have questions regarding requirements for these positions, please direct them to Fellowship@improvediagnosis.org.

Applicants who wish to be considered for funding should include the following information:

Current Degree and Title: _____

Proposed Institution/Program/Degree you are seeking: _____

Contact person for Program where you intend to enroll:
(Name/email/phone) _____