



American Association of Oral and Maxillofacial Surgeons



***Faculty Educator Development Award
Application
(04/19)***

*Applications must be received by **April 1.**
Electronic submissions to: loddo@aaoms.org
Mail to: American Association of Oral and Maxillofacial Surgeons
Attn: FEDA Review Committee
9700 West Bryn Mawr Avenue
Rosemont, IL 60018-5701*

1. APPLICANT INFORMATION

First: _____ Middle: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Academic Title: _____

Date Entered Academics: _____

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:

Note Applicants should maintain documentation of loan balances from the date of application to support numbers reported. All reported numbers are subject to verification prior to award disbursement.*

Educational and Total Debt:

Total Debt (sum of debt reported below) \$ _____

Debt from Tuition and Fees \$ _____

Debt from Living Expenses \$ _____

Other Debt (Please specify) \$ _____

2. OMS PROGRAM (SPONSORING INSTITUTION) INFORMATION:

Name of Program: _____

Address: _____

City: _____ State: _____ Zip: _____

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. PROFESSIONAL ACTIVITY PLAN -- APPLICANT COMPLETES WITH INPUT FROM THE INSTITUTION. (SUBMIT AS ADDENDUM A)
DESCRIBE FUTURE PLANS FOR APPLYING THE KNOWLEDGE AND SKILLS YOU WILL GAIN FROM THE AWARD**

The professional activity plan is not to exceed five (5) pages (Arial 12 point with normal margins). Please include a description of current and future activity during the award including the objectives and responsibilities in each area of teaching, scholarly activity and service. Include the apportionment of time dedicated to each as well as any other time and effort commitments that will compete with these activities. Discuss how this award will impact your ability to achieve this plan. Describe where you envision yourself in 1, 3 and 5 years. If you have previously applied, describe the progress you have made since previous submissions.

**Note it is expected that most awardees will have demonstrated progress over multiple years prior to receipt of the award. Repeat submissions with noted progress are highly desirable in the evaluation and scoring process related to the professional activity plan.*

4. ATTACH CURRENT CV EXERCISING CARE TO FOLLOW EXACTLY THE INSTRUCTIONS BELOW. (SUBMIT AS ADDENDUM B)

- A. IN FIRST YEAR OF APPLICATION THE CV SHOULD BE SUBMITTED.**
- B. IN SUBSEQUENT YEARS OF APPLICATION THE ORIGINAL CV SHOULD BE SUBMITTED FOLLOWED BY A PAGE OR PAGES WITH UPDATES FOR EACH SUCCESSIVE YEAR OF APPLICATION.**

**Note it is expected that most awardees will have demonstrated progress over multiple years prior to receipt of the award. Repeat submissions with noted progress are highly desirable in the evaluation and scoring process related to the CV.*

**5. MENTORING PLAN – INSTITUTION COMPLETES (SUBMIT AS ADDENDUM C)
A DESCRIPTION OF THE MENTORING PROCESS THAT HAS BEEN DEVELOPED WITHIN THE DEPARTMENT FOR NEW/YOUNG FACULTY MEMBERS AND SPECIFICALLY FOR THE APPLICANT.**

The mentoring plan is not to exceed two (2) pages (arial 12 point with normal margins). Please include a description of the institutional commitment to the applicants stated plan which will augment their chances of successfully reaching their goals. Describe how the mentoring process will be monitored during the award and who will be responsible in the institution to help assure success of the awardee.

6. ADDITIONAL INSTITUTIONAL DOCUMENTATION (SUBMIT AS ADDENDUM D)

**TO BE COMPLETED BY SPONSORING INSTITUTION*

- A. INCLUDE A LIST OF THE NAMES OF CURRENT OR FORMER FACULTY MEMBERS WHO HAVE SUCCESSFULLY RECEIVED THE DESCRIBED MENTORING. IF THE FACULTY WAS A RECIPIENT OF A FEDA AWARD PLEASE NOTE THIS IN THE LIST.**
- B. A LIST OF CURRENT FACULTY - FULL AND PART TIME WITH THEIR ACADEMIC AND ADMINISTRATIVE TITLES**
- C. INCLUDE AN APPLICANT WEEKLY SCHEDULE RELATIVE TO TEACHING, SCHOLARSHIP, AND SERVICE. INCLUDE CLINIC, OR, ON-CALL AND OTHER EXPECTATIONS OF TIME.**
- D. NOTE TIME AND RESOURCES THAT HAVE BEEN OR WILL BE ALLOCATED FOR THE APPLICANT TO ATTEND MEETINGS/COURSES, ETC. FOR PROFESSIONAL DEVELOPMENT. INCLUDE A DESCRIPTION OF HOW THE \$5000/YEAR PROVIDED TO THE INSTITUTION BY THE AWARD WILL BE USED TO SUPPORT THE APPLICANTS GOALS.**
- E. PROVIDE A LETTER SIGNED BY BOTH THE CHAIR AND A DEPARTMENTAL OR INSTITUTIONAL REPRESENTATIVE ATTESTING TO THE SALARY REPORTED IN THE APPLICATION. FOR SUBSEQUENT APPLICATION YEARS PLEASE NOTE THE VERIFIED TOTAL SALARY FROM ALL PREVIOUS APPLICATIONS AS WELL AS THE EXPECTED TOTAL AND BREAKDOWN OF SALARY FOR THE CURRENT YEAR.**

7. ONE TO TWO LETTERS OF RECOMMENDATION (SUBMIT AS ADDENDUM E)

** It is highly desirable for those who write letters of recommendation to have reviewed the completed application and comment on the professional activity plan and mentoring plan as well as an overall recommendation of the applicant. One of the letters must be from the applicants residency program director. The same or updated letters may be used for applications after the first submission.*

8. AWARDEE/SUPPORTING INSTITUTION AGREEMENT (Submit on Addendum F)

**TO BE SIGNED BY APPLICANT AND SPONSORING INSTITUTION*

9. AWARDEE PROGRESS REPORT (Submit on Addendum G)

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
PROFESSIONAL ACTIVITY PLAN

Addendum B
**CURRICULUM VITAE (ORIGINAL CV FOLLOWED BY ANNUAL UPDATE PAGES FOR EACH
SUBSEQUENT SUBMISSION)**

**ADDENDUM C
MENTORING PLAN**

***Addendum D
Additional Institutional documentation***

***Addendum E
One to Two Letters of Recommendation***

Addendum F
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 disbursements for faculty enrichment of as described in Section III, B, 1-2. The first payment to the recipient and institution will be made following recognition at the AAOMS Annual Meeting, and annually for 2 years, thereafter based upon recipient of an annual report of the recipient signed by the program director.
- The total award amount, including the institution award, must be in addition to the individual's total compensation and this remuneration will not be subject to fringe benefits.
- 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.
- 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: Laurie Oddo**

FEDA Application Checklist

Applicant

- Completed Application including Addendums A, B, E, F
- Current Membership in AAOMS & financial donor to the OMS Foundation

Institution

- Completed Application including Addendums C, D, F

NOTE: Any application received with missing components or which does not comply with the instructions of the application will be considered “administratively non responsive” and will not be scored.

Application Scoring (Guidelines for applicant to consider when applying)

Criteria Scores

Applications are scored by members of the CET committee based on the following four primary criteria derived from the application. Each area is scored 1-9 with 1 as high.

1. Professional activity plan.
2. Applicant track record based on CV and letters of recommendation. This criterion also takes into account the number of times applied and progress noted on the CV.
3. Mentoring plan
4. Total educational debt to Institutional income ratio (educational debt/income)

Final Score

The final score is a summative evaluation of the criteria scores but not necessarily an average of them. A scale of 1-9 is used with 1 being high.

Committee Strategic Review

Following final scoring by the committee, the top candidates equal to the number of awards plus two or three alternates (depending on the applicant pool) are again reviewed by the committee and the order may be altered based on strategic priorities including demographics, clinical area within the scope of practice, geography, and program history of recent prior award recipients. The final recommendation is then submitted to the AAOMS Board for approval.