

Resident Achievement Award Nomination Application

American College of Osteopathic Surgeons

1680 Duke Street, Alexandria, VA 22314-2903

(800) 888-1312 • www.facos.org

DESCRIPTION

Resident Achievement Awards are presented annually to up to five outstanding resident members in recognition of their clinical ability, patient/resident manner, resident/staff relationships, resident/community involvement and academic activities. These awards may be presented to residents in the general, general vascular, neurological, orthopedic, plastic and reconstructive, cardiothoracic and vascular, and urological surgical specialties. Through a generous grant from the ACOS Trust Fund, award recipients will be presented with a *plaque* and a *cash award* of \$2,000.

REQUIREMENTS - If an application is incomplete or does not satisfy all of the requirements listed below, the application will not be reviewed. Application must be submitted with a curriculum vitae and letter of support.

1. Applicants may only apply for this award during their final year of residency training and/or during other subsequent graduate medical education that is beyond the requirements for eligibility for first board certification in the discipline (fellowship).
2. All activities listed on application must occur after medical school and/or during post graduate training.
3. **Application must be completed using on-line form and then printed to obtain formal signatures from the program director.** Nominee's **curriculum vitae** must accompany application, but may not be substituted for the application itself.
4. Nominee must be a Resident member of the ACOS in good standing.
5. Nominee must be a resident in an AOA approved or ACGME accredited surgical residency training program or other subsequent graduate medical education beyond the requirements for first board certification in the discipline (fellowship) .
6. A **letter of support** from the resident's primary program director or participating trainer must be submitted with this application. Sections J and K of this application form must be completed by the resident's program director.
7. Application must be completed and submitted by the resident's Program Director or Director of Medical Education by **June 1**.

APPLICANT INFORMATION

Name			
	First	Middle	Last
Mailing Address			
	Street Address		
	City	State	Zip
Work Telephone		Home Telephone	
Fax Number		Email Address	
Soc. Sec. #		Surgical Specialty	

RESIDENCY AND/OR FELLOWSHIP TRAINING INFORMATION

Program Director Name			
Program Director Tel. #			
Program Director Email			
Name of Training Institution			
Location			
Exact Dates		Surgical Specialty	
IS THE RESIDENT IN THEIR FINAL YEAR OF RESIDENCY OR FELLOWSHIP TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO		Applicants may only apply for this award during their final year of residency training and/or during other graduate medical education that is beyond the requirements for eligibility for first board certification in the discipline (fellowship).	

A. MEMBERSHIPS - Member of professional/state societies. Must provide full name of each society; acronyms may not be used.

1.	4.
2.	5.
3.	

B. AUTHORSHIPS - Articles published or accepted for publishing in a professional peer review journal or non-peer review journal (i.e. internet journals, etc.) during postgraduate training. Citations must include – Author, Title, Journal, Date, Volume, Pages

B1. Primary Authorships

Author				
Title				
Journal				
Date		Volume		Pages

B1. Primary Authorships

Author				
Title				
Journal				
Date		Volume		Pages

B1. Primary Authorships

Author				
Title				
Journal				
Date		Volume		Pages

B1. Primary Authorships

Author				
Title				
Journal				
Date		Volume		Pages

B2. Secondary Authorships

Author				
Title				
Journal				
Date		Volume		Pages

B2. Secondary Authorships

Author				
Title				
Journal				
Date		Volume		Pages

B2. Secondary Authorships				
Author				
Title				
Journal				
Date		Volume		Pages
B2. Secondary Authorships				
Author				
Title				
Journal				
Date		Volume		Pages
B3. Articles Accepted for Publication				
Author				
Title				
Journal				
Date		Volume		Pages
B3. Articles Accepted for Publication				
Author				
Title				
Journal				
Date		Volume		Pages
B3. Articles Accepted for Publication				
Author				
Title				
Journal				
Date		Volume		Pages
B4. Articles Published in a Professional Non-Peer Reviewed Journal				
Author				
Title				
Journal				
Date		Volume		Pages
B4. Articles Published in a Professional Non-Peer Reviewed Journal				
Author				
Title				
Journal				
Date		Volume		Pages

C. RESEARCH - Resident research projects. Identify if Primary Investigator (PI), Co-Investigator (CI) or Investigator (I). Each project listed must include Title, Subject, Dates, Funding Source and a copy of the IRB and/or Animal Care and Use letter.

1. Indicate - Investigator (PI) Co-Investigator (CI) Investigator (I)

Title			
Subject			
Dates	Funding Source	<input type="checkbox"/> Copy of IRB or ACU Letter is Attached	

2. Indicate - Investigator (PI) Co-Investigator (CI) Investigator (I)

Title			
Subject			
Dates	Funding Source	<input type="checkbox"/> Copy of IRB or ACU Letter Attached	

3. Indicate - Investigator (PI) Co-Investigator (CI) Investigator (I)

Title			
Subject			
Dates	Funding Source	<input type="checkbox"/> Copy of IRB or ACU Letter is Attached	

D. PRESENTATIONS OF SCIENTIFIC DISPLAYS / POSTER SESSIONS at Medical Meeting.

1. Indicate - Primary Presenter Joint Presenter

Subject			
Title			
Organization and Location		Date	

2. Indicate - Primary Presenter Joint Presenter

Subject			
Title			
Organization and Location		Date	

3. Indicate - Primary Presenter Joint Presenter

Subject			
Title			
Organization and Location		Date	

E. SCIENTIFIC EXHIBITS AND POSTER SESSIONS AWARD RECIPIENT –

List each scientific exhibit or poster that received a First, Second or Third place Scientific Exhibits and Poster Sessions Award at an ACA meeting.

Subject / Title	Award (First, Second, or Third Place)	Date

F. PROFESSIONAL AWARDS - received during postgraduate training.					
Name of Award & Organization		Date	Name of Award & Organization		Date
1.			3.		
2.			4.		

G. ROBERT C. ERWIN LITERARY AWARD - List Robert C. Erwin Literary Awards Received.	
Name of Presentation / Award Received (1 st , 2 nd , 3 rd , 4 th , or 5 th Place)	Date
1.	
2.	

H. CHIEF SURGICAL RESIDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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I. COMMUNITY / EXTRACURRICULAR ACTIVITIES		
Activity	Organization	Date
1.		
2.		
3.		
4.		
5.		

Sections J and K (below) are to be completed by resident's program director.

J. PLEASE EVALUATE THE RESIDENT ON A SCALE OF 1 TO 5 FOR EACH	1 (LOWEST) TO 5 (HIGHEST)
Osteopathic Principles and Practices (OPP)	
Medical Knowledge	
Patient Care	
Interpersonal Communication Skills	
Professionalism	
Practice-Based Learning Improvement	
Systems-Based Practice	

Print application to obtain formal signature from Program Director.

K. NOMINATION ENDORSED AND SUBMITTED BY:

 Program Director's Signature _____
 Date

 Please Print Name

Application must be submitted to the Awards Committee by June 1.