

Chief ResidentClinical Addiction Research and Education (CARE) Program 13<sup>th</sup> Annual Chief Resident Immersion Training (CRIT) Program

**Faculty Mentor Application** 

Addiction Medicine: Improving Clinical and Teaching Skills for Generalists April 27-30, 2014 • Cape Cod, Massachusetts

The Faculty Mentor's role in attending the CRIT Program is to assist their Chief Resident with the development and implementation of the Chief Resident Substance Use Teaching Project at their home institution upon returning from CRIT. Your incoming Chief Resident must be accepted into the CRIT Program in order for you to attend. With limited faculty slots, selection of faculty attendees is based upon your statement and faculty role.

## **Faculty Mentor Applicants Must:**

- 1. Be a Program Director or core residency program faculty;
- 2. Have strong influence over residency curriculum development;
- 3. Possess educator and mentor skills that would benefit Chief Residents through the implementation of their Substance Use Teaching Project (developed at the CRIT Program);
- 4. Be able to dedicate time throughout the year following attending the CRIT Program to assist your Chief Resident with incorporating teaching about addiction into curriculum;
- 5. Attend the entire training with their Chief Resident.

### Please submit the following items in addition to this completed application:

- 1. Your curriculum vitae (CV)
- 2. A statement (300 words or less) including: a) how attending the CRIT Program with your Chief Resident will enhance his/her ability to implement addiction medicine curriculum including completion of a Substance Use Teaching Project; developed at CRIT and b) how your current faculty position will enable you to add addiction medicine content into the residency program curriculum.

#### Application materials will be accepted until February 7, 2014 on a rolling basis.

#### This application is also available electronically and can be submitted online at: www.bumc.bu.edu/crit

# **Please Print Clearly**

| Last Name                                   | Last Name                 |                      |                    | Preferred First Name/Nickname |          |
|---|---------------------------|----------------------|--------------------|-------------------------------|----------|
|   | f Resident you            | are applying with:   | First Name         |                               |          |
| Street                                      |                           | City                 | State              | Zip Code                      | Phone #  |
| Sex:Femal                                   | Sex:FemaleMale Ethnicity: |                      |                    | Date of Birth (MM/DD/YY)://   |          |
| Residency Program Ad                        | dress                     |                      |                    |                               |          |
| Institution                                 | Institution               |                      | Department/Section |                               |          |
| Street                                      |                           | Floor/Room#          | City               | State                         | Zip Code |
| Email Address                               |                           | Office Telep         | hone #             | Alternate Telephone #         |          |
| sidency program medical school affiliation: |                           |                      |                    |                               |          |
| esent faculty position: _                   |                           |                      |                    |                               |          |
| re you a program direct                     | or?No                     | Yes If so, please    | specify:           |                               |          |
| hat is your medical spe                     | cialty? (subspeci         | alty, if applicable) |                    |                               |          |
| ow did you hear about t                     | he CRIT Progra            | am?                  |                    |                               |          |

PLEASE NOTE: The CRIT Program is funded by a grant from the National Institute on Drug Abuse (NIDA). You will be asked to complete several surveys, which we will send to you. Your survey will not be available to program applicant reviewers and will not influence whether or not you are accepted. Your application will not be considered complete until you have returned the pre-course survey.

Submit all application materials to: Danna Gobel, Program Manager 801 Massachusetts Ave, 2<sup>nd</sup> Floor, Boston, MA 02118 <u>danna.gobel@bmc.org</u> • Phone: 617-414-6946 • Fax: 617-414-4676