FY26 Marcelle Willock Program Application

Q1 In order to apply to a faculty development program, you must have a faculty appointment through CASOM(https://www.bumc.bu.edu/provost/ap/appforms/). If you do not have an appointment, your application will not be considered. Are you a BU faculty member?

* Yes (1)
* No (2)
* Unsure (3)

Q2 Thank you for your interest in our program, however you are not eligible at this time. Please contact our office at bumcfdd@bu.edu if you have any questions.

Q3 Name (First & Last)

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Q4 Preferred Email (BU, BMC, or VA):

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Q5 BU Profiles Link

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Q6 Mobile Phone - Not office #

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Q7 School (CAMed, GSDM, SPH, etc)

* CAMed (4)
* GSDM (5)
* SPH (6)
* If your school is not listed, please include here: (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q8 Primary Department/Section:

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Q9 Primary Track:

* Basic Scientist/Translational Scientist (1)
* Clinical Administrator (2)
* Clinician Educator (3)
* Clinician Scientist (4)
* Population Scientist (7)
* Scientist Educator (8)
* If your track is not listed, please describe here: (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q10 Number of years at BU:

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Q11 Academic Rank:

* Instructor (1)
* Assistant Professor (modified or unmodified) (2)
* Associate Professor (modified or unmodified) (3)
* Professor (modified or unmodified) (4)
* If your rank is not listed, please describe here: (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q12 Number of years at current rank:

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Q13 Degree(s):

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Q14 Please provide a short professional biography (75 words/500 characters, or less).

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Q15 For the next series of questions, please answer in less than 100 to 150 words (~1000 characters) or less.

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Q16 What do you hope to gain from participating in this program?

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Q17 What are the areas/skills you seek to develop and improve?

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Q18 What are your intermediate-term (2-5 years) academic career goals?

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Q19 How have your life experiences influenced your career and academic journey?

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Q20 Do you have any current mentor(s)? If so, who are they?

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Q21 In light of your academic career goals what type(s) of support (mentorship, coaching, work-life balance, etc.) would be most beneficial? Do you have a specific person in mind to help you with this support?

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Q27 Please upload your Current CV.  BU CV Format

Q28 Please email a letter of support from Department Chair or Section Chief to bumcfdd@bu.edu by May 20th including:  Please include the following in your LOS for the candidate applying to Willock Department chair/Section chief name + title Applicant's name Will you ensure that the applicant can fully participate in the program’s 10 sessions? What do you hope the applicant will gain from program participation? Is there any additional information about the applicant you would like to share with the Admissions Committee?

Q44 How did you hear about us? Please check all that apply.

* Email Communication (1)
* School/Department/Section Meetings (2)
* Prior Participation in other FDD program (3)
* Past Participant/Current Participant Recommendation (4)
* Chair/Chief/Dept Leadership Recommendation (5)
* Faculty Development Program Facilitator Recommendation (6)
* Digital Flat Screens (7)
* Other, please specify (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Application