

FMIG Program of Excellence (PoE) Application

OVERALL AWARD

APPLICATIONS ARE DUE APRIL 1, AND CAN BE SUBMITTED ELECTRONICALLY VIA EMAIL TO

POE@AAFP.ORG. YOU MUST USE THIS TEMPLATE FOR YOUR APPLICATION. It is highly recommended that all writing and editing be completed in a shared document (like a Google Document) or in Word, especially if multiple people are contributing to or reviewing the application material. When ready to submit the application, transfer the information into this PDF. *Please fill in the following:*

1. Medical School Name: _____
2. FMIG Name: _____
3. ☐ Main Campus or ☐ Regionally Separated (branch) campus
a: If regionally separated (branch) campus, name: _____
4. Number of students in your medical school: _____
a: If your campus is a regionally separated (branch) campus, number of students on your campus: _____
5. Number of active FMIG members: _____
6. Number of students serving in FMIG leadership positions: _____
7. Check all that apply:
☐ Our school does not have a department of family medicine.
☐ Our FMIG has minimal support from our state chapter.
☐ Our school has minimal faculty support (*i.e. from Dean, Dept. Chair, etc.*).
8. Has your FMIG applied for this award in the past: ☐ YES ☐ NO
9. Has your FMIG won this award in the past: ☐ YES ☐ NO

Contact information:

10. Primary Student Leader Name: _____
11. Primary Student Leader Email Address: _____
12. Primary Student Leader Phone: _____
13. FMIG Faculty Advisor Name(s): _____
14. FMIG Faculty Advisor Email Address: _____
15. FMIG Faculty Advisor Phone: _____
16. Institutional Mailing Address: _____

CONTINUED

FMIG OPERATION

Please answer the following three questions to describe your FMIG's structure and approach to operation. These questions will help describe the environment and provide the background for the programming/initiatives/projects section of the application.

17. How is your FMIG structured? What roles do student leaders play?

18. Describe your FMIG's mission and goals.

19. Describe the role of your FMIG Faculty Advisor.

FMIG PROGRAMMING, INITIATIVES, AND PROJECTS

In this section of the application, please describe your FMIG programming. Each block of questions should reflect one program, initiative, or project. In total, you may submit eight programs, initiatives, or projects, meaning that you may fill out the block of questions up to eight times total to reflect up to eight individual programs, initiatives, or projects.

While there is an eight program/initiative/project maximum, there is NO MINIMUM. You are not required to fill out eight separate entries. Certain programs can be combined into one entry. For example, National Primary Care Week Celebration can be one programming entry, and you can describe the week's activities and how they fit into that initiative.

Questions during the application process can be directed to Marselle Bredemeyer at poe@aafp.org or (913) 906-6368.

CONTINUED

PROGRAM/PROJECT/INITIATIVE 1

- Title of FMIG event, project, or initiative: _____
- Date(s) and time(s) held: _____
- Number of students/student work hours it took to organize: _____
- Number of students who participated: _____
- Choose the categories that apply. Please choose all that apply, but be discerning with your selections. Chosen categories should strongly apply to your program/initiative/project.
 - ☐ Community service: This is something your FMIG does for the community.
 - ☐ Professional development: This is something your FMIG does to promote professional and/or leadership development among your members.
 - ☐ Exposure to family medicine and family physicians: This is something your FMIG does to expose its members to family physicians in your medical school or the community.
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 - ☐ Promoting the scope and diversity of family medicine: What your FMIG does to educate students and increase their understanding of and appreciation for the broad range of opportunities in family medicine.
 - ☐ Current issues or innovations in family medicine.
 - ☐ New event for this FMIG.
 - ☐ Significant changes/improvement made on an existing FMIG program.
 - ☐ Collaboration with another campus group.
Please indicate which group (SNMA, another primary care interest group, etc.): _____
 - ☐ Other: _____
- Please describe the event, project, or initiative. Your answers should reflect the program, its goals and objectives, details about how the idea was generated, how the program was set up, collaboration or community participation, FMIG leader roles, FMIG Faculty Advisor roles, how family medicine was communicated through the initiative, program execution and student participation, and how your FMIG evaluated success of the program to plan for the future. If this was an existing program, what changes and improvements did your FMIG make this year? You will have a 750 word count limit for this section.

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