

# FMIG Program of Excellence (PoE) Application

## CATEGORICAL OR SPECIAL CONSIDERATION 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: \_\_\_\_\_

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**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 three programs, initiatives, or projects, meaning that you may fill out the block of questions up to three times total to reflect up to three individual programs, initiatives, or projects.

While there is a three 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](mailto:poe@aafp.org) or (913) 906-6368.*

- In what category is your FMIG applying for a categorical or special consideration award?
  - ☐ Community service: What your FMIG does for the community.
  - ☐ Professional development: What your FMIG does to promote professional and/or leadership development among your members.
  - ☐ Exposure to family medicine and family physicians: What your FMIG does to expose its members to family physicians in your medical school or the community.
  - ☐ Promoting the value of family medicine as primary care: What your FMIG does to tell members about the role of family medicine in enhancing primary care. This could include the patient-centered medical home, primary care workforce, National Primary Care Week Activities, or other collaborations with primary care interest groups.
  - ☐ 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.
  - ☐ First-time applicant.
  - ☐ Most improved FMIG.
  - ☐ Collaboration with another campus group.

Please indicate which group (SNMA, another primary care interest group, etc.): \_\_\_\_\_

☐ Other: \_\_\_\_\_

**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: \_\_\_\_\_
- 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.

**PROGRAM/PROJECT/INITIATIVE 2**

- 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: \_\_\_\_\_
- 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.

**PROGRAM/PROJECT/INITIATIVE 3**

- 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: \_\_\_\_\_
- 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.