**Award Application**

I: For a Program Level Award, please fill out the information below.

Awardee Name and degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PGY-level:\_\_\_\_\_\_\_\_\_\_\_

Residency Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and e-mail of contact person for award correspondence (program director or program manager):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (for certificate)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Submission Contact: Ryan Heitmann, DO, Chair, SREI resident education committee

Ryan.Heitmann@hsc.wvu.edu

II: If you wish to submit your awardee for national award consideration, please complete and send the following additional information

**□ Supplemental application (continued below)**

**□ CV**

**□ Program Director letter of recommendation**

**□ Up to one other letter of recommendation (optional)**

Suggestion of areas to highlight in letters of recommendation

* How has the resident demonstrated excellence in women’s health and reproductive medicine?
* Ways the resident may have excelled despite not having opportunities or experiences available at other training locations.
* Participation in quality improvement / process improvement projects.
* Volunteer and advocacy opportunities.
* Why the candidate more deserving than other applicants.

**National Award Supplemental Application**

**1. Location of Residency Program:**

□ University affiliated □ Community based □ Military

**2. Is there an REI Fellowship associated with your institution?**

□ Yes □ No

**3. Please list and describe active or on-going research projects the resident is associated with.**

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**4. Has the resident presented any research? (Mark all that apply)**

□ Regional (district level) poster presentation

□ Regional oral presentation

□ National / International poster presentation

□ National / International oral presentation

**5. Has the resident published in a peer-reviewed medical journal during residency?**

□ Yes □ No

If yes, how many times?

□ 1 □ 2 □ 3 □ 4+

How many of these publications are in the field of REI?

□ 1 □ 2 □ 3 □ 4+

**6. Has the resident won any teaching awards?**

□ Yes □ No

If yes, please describe –

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Does the resident hold any local, regional, or national level leadership positions?**

□ Yes □ No

If yes, please explain ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Has the resident been involved in any local, regional, or national women’s health advocacy projects**?

□ Yes □ No

If yes, please describe –

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