



REGISTRATION FORM

Registration Faculty Fundamentals Certificate Program

Information:

Name: _____ Degree(s): _____

Institution: _____

Address: _____

City, State, Zip: _____

Phone (cell/home/work): _____ Fax: _____

Email: _____

Professional Role: *check all that apply*

- Administrator/Manager
- Behavioral/Social Science Specialist
- CEO/Executive Director
- Chief Medical Officer
- Coordinator
- Dean
- Dean-Assistant/Associate
- Department Chair
- Department Vice Chair
- DIO
- Faculty-Medical School
- Faculty-Residency Program
- Fellow
- Fellowship Director
- Health Educator/Dietician
- Medical Assistant
- Medical Director
- MSE/Clerkship Director
- Nurse
- Nurse Practitioner
- Pharmacist
- Physician Assistant
- Practicing Physician
- Program Director
- Program Director-Assistant/Associate
- QI Specialist
- Researcher
- Resident
- Retired
- Student

Payment:

Member price: \$995 Non-member price: \$1,495

Check Enclosed, Payable to STFM Mastercard Visa AMEX Discover

Card Number: _____ CVV: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____

Mail this form with payment to:

STFM
11400 Tomahawk Creek Parkway, Suite 240
Leawood, KS 66211-2672

Or, fax this form with credit card information to (913) 906-6096

Program Details

This certificate program includes 14 self-led online courses with assignments to provide foundational training for residency faculty. Completion of the track requires a minimum of 35 hours. To graduate, participants must complete all courses and assignments and pass a final exam. Graduates receive a certificate, letter of congratulations noting the accomplishment, a letter to their program director, and a press release to distribute locally.

Contact Brian Hischier at bhischier@stfm.org with questions about the program.

Demographics:

Date of Birth: ___/___/___

What is your current gender identity? (Select all that apply)

- Male/Man Female/Woman Genderqueer/Gender non-conforming Non-binary
 Prefer to self-describe Choose not to disclose

Which of the following best defines your race or ethnicity? (Select all that apply)

- American Indian/Alaska Native/Indigenous Asian Black/African American
 Hispanic/Latino/of Spanish Origin Middle Eastern/North African
 Native Hawaiian/other Pacific Islander White Choose not to disclose

One of both my parents (or whoever raised me) graduated from college: Yes No

Choose not to disclose

Underrepresented in medicine means those racial and ethnic populations that are under-represented in the medical profession relative to their numbers in the general population (Black/African-American, Hispanic/Latino/of Spanish Origin, American Indian/Alaska Native/Indigenous, Native Hawaiian/other Pacific Islander, and certain Asian ethnicities*). * *Vietnam, Cambodia, Indonesia, and Laos*

I self-identify as underrepresented in medicine: Yes No