

Week One: Monday-Friday February 24-28, 2020

Week Two: Monday-Friday June 1-5, 2020

Week Three: Monday-Friday November 2-6, 2020

Thank you for your interest in our faculty development program,

**Addressing the Oral Health Needs of the Underserved**.

To apply for this program, please send us the following:

1. A recent Curriculum Vitae

2. A letter of interest, briefly describing your background, your reasons for applying, and your intent to participate if accepted.

3. Replies to the below questionnaire

4. A letter of support/reference from your department chair/supervisor

**Send Your Applications To:**

Ellen Beck, M.D.

UCSD - FMPH

9500 Gilman Drive MD 0696

La Jolla, CA. 92093-0696

FAX: 858-822-3990

Email: ebeck@ucsd.edu and ldeferville@ucsd.edu

**Early Enrollment Application Deadline: September 15, 2019**

(If you plan to apply, please contact Lisa Deferville at [ldeferville@ucsd.edu](mailto:ldeferville@ucsd.edu) as soon as possible.

If you are interested and it is past the deadline, please contact us to confirm availability)

**PLEASE INCLUDE THE FOLLOWING INFORMATION ABOUT YOURSELF**

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| **Name and Credentials:** | Example: Ellen Beck, MD | |
| **Job Title:** |  | |
| **Work Address:** | Street: | |
|  | City, State, Zip: | |
| **Home Address:** | Street: | |
|  | City, State, Zip: | |
| **E-mail(s):** |  | |
| **Phone number(s):** | Cell: | Work: |
| **Fax number:** |  | |
| **Good times for telephone interview:** |  | |
| **How did you hear about the program?** |  | |

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| **Name:** |  |

**FACULTY DEVELOPMENT QUESTIONNAIRE**

**Please type responses within the grey boxes below each question and they will expand to accommodate an answer of any length. Thank you!**

1. Why are you applying to this program? What in your background and history have led you to choose to participate in this program?

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2. What would you hope to achieve by taking this program? List your specific goals for this program.

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3. Describe your past/current experience with the community/primary care of the underserved. With which underserved groups have you worked?

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4. How do you see yourself in the future addressing the oral health needs of the underserved? What do you need to achieve this goal?

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5. Describe your past/current experience in dental education, research, and administration.

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1. How do you see yourself in the future involved in dental school education, administration, or scholarly work? What do you need to achieve this goal?

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1. List your specific needs in the following areas in faculty development. Please prioritize these needs, with 1 being the most important.

Scholarly:

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Administration:

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Teaching:

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1. Please list specific topics/subject areas that you would like to see addressed in our program.

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1. What percentage of your time do you currently work in some capacity with underserved populations? This can include teaching, research, administration, and clinical work with the underserved. In what type of settings do you do this work? For example, community health centers, health care for the homeless, migrant health program, rural health clinic, Indian health services, etc.

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**SOME PRACTICALITIES**

**Application:**

If after receiving these materials, you intend to apply, please email us with your intent to apply. Please submit your application materials at your earliest convenience after that time.

After reviewing your application materials, we may call you for a brief telephone interview as well. We will then contact you to confirm your acceptance.

**Accommodations:**

The hotel we will be using for the conference setting is the La Jolla Cove Suites, an informal, relatively affordable setting by the ocean. Their website is http://www.lajollacove.com. All of our rooms look out directly over La Jolla Cove and have ocean views.

Accommodations are the participant’s responsibility. We recommend staying at La Jolla Cove Suites however you are welcome to make other arrangements. If you would like to bring your family they would be welcome. Please let us know if you plan to bring your family as families may want to plan some shared activities.

If you would like to stay at La Jolla Cove Suites, we will provide you with further instructions for making your hotel reservation upon acceptance in the program. If you are in touch with the hotel yourself, or to make special arrangements, please refer to the UCSD Family Medicine Faculty Development Program and specify the dates.

**Registration Fee:**

Your $1,500 registration fee is half payable one month prior to the conference and the remainder at the time of registration in San Diego or you are welcome to pay the full amount in advance.

**Further Questions:**

If you have any particular needs or questions, please let us know. We can be contacted by calling (858) 534-6160 or email ebeck@ucsd.edu and/or ldeferville@ucsd.edu. Our fax is 858-822-3990.

We are excited about this program and look forward to your participation!