

**AMC JUNIOR FACULTY DEVELOPMENT PROGRAM**

**2025-2026 APPLICATION**

**Deadline: May 1<sup>st</sup>, 2025**

**NAME:**

**DEPARTMENT:**

**Phone:**

**Email:**

- I agree to participate fully in the Junior Faculty Development Program (JFDP) from September 2025 to June 2026, and to fulfill the requirements and expectations of the program.
- I have met with my Department Chair (and Division Chief, if appropriate) and we have discussed my project and its objectives, and the time commitment involved in participating in this program. We have discussed how I will fulfill this time obligation of approximately 2-3 hours every week and ensure clinical duties do not interfere with session attendance.
- I understand that successful completion of this course requires attendance at  $\geq 80\%$  of biweekly scheduled educational sessions, in addition to all mandatory events:
  - September 3, 2025                      7:00-9:00 am    Orientation
  - September 3, 2025                      5:00-7:00 pm    Kick-Off Dinner with JFDP Mentors
  - March 4, 2026                            5:00-7:00 pm    Mid-Term Poster Event
  - June 3 & 10, 2026                        7:00-9:00 am    Oral Platform Presentations
  - June 17, 2026 (tentative)              5:00-7:30 pm    Graduation Dinner
- I have attached a description of a research project I propose for the JFDP, including the timeline. With the help of my JFDP mentor and the Steering Committee, I agree to identify explicit outcomes that can be accomplished by the end of the program, and to report on my progress toward achieving these outcomes.
- I have attached my current curriculum vitae (within the last six months).

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPROVAL:**

I have met with this applicant and discussed participation in the Junior Faculty Development Program, the time required to fulfill the requirements of the program, and the project described in this application. We have discussed how the applicant will allocate time required for participation (2-3 hours per week), and I will support the applicant to ensure that clinical duties do not impede program participation. I reviewed the project and believe that it will contribute to the faculty member's career advancement and will benefit the work of the department. My signature below signifies approval of the faculty member's participation and my full support of this application.

**Signature:** \_\_\_\_\_  
**(Chair)**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
**(Division Chief, if appropriate)**

**Date:** \_\_\_\_\_

**Career Goals:** Describe your career goals. Include any specific knowledge and skills that you wish to acquire and how you anticipate participation in the JFDP will help you reach those goals. (Limit 1 page)

**Project:** Describe the project that you will undertake during the JFDP. Include all 3 of the following sections. (Limit 2 pages)

1. **Title of Project:**

2. **Brief statement of the overall (or long-term) objective of the project:**

3. **Background:** What, if any, work have you done on this project to date?

**Impact:** Why is the project important? What gap will it fill in this field? What will you learn and what impact will it have? How will you share your findings?

**Timeline:** When do you expect to complete each part of your project? If the overall project is expected to take longer than the 1-yr JFDP Program, what do you expect to complete before the end of the program?

## Worksheet: Help Us Identify A JFDP Senior Faculty Mentor for You

**Your Name:**

**Department/Division:**

**Project Title:**

After acceptance, the JFDP Steering Committee will work with you to identify a senior faculty mentor to provide guidance on aspects of the program that are not well served by your current mentor(s). Ideally, your JFDP mentor will come from outside your department and will be new to you. Once we confirm your JFDP mentor, it will be your responsibility to manage the relationship.

Please help us define your needs for guidance on the proposed project and/or other components of the JFDP curriculum by answering these questions.

**Do you currently have a mentor or mentors? Please list their names and departments:**

- 1.
- 2.
- 3.

**What kinds of advice or guidance do these individuals currently provide?**

**Major tasks or activities associated with the proposed JFDP project (e.g., writing a grant, getting IRB or IACUC approval, setting up a database, networking, work/life balance, preparing for promotion, etc.):**

- 1.
- 2.
- 3.

**The specific knowledge, skills, or expertise you need from a new mentor (in priority order):**

- 1.
- 2.
- 3.

**Names and Departments of Possible Mentors (if you have suggestions):**

- 1.
- 2.
- 3.

**Please submit this complete application *and a current CV* to [GrindeE@amc.edu](mailto:GrindeE@amc.edu) with "JFDP Application" in the subject line no later than **May 1<sup>st</sup>, 2025**.**