

**Supplemental Application Form for Scholarly Concentration in Global Health**

Due March 31 of 1st Year

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Year of Graduation:\_\_\_\_\_\_\_\_\_\_\_\_\_

Requirements for the SCGH are posted on the Global Medical Education Website.

SBU Faculty Mentor for Scholarly Concentration (may be same as mentor for project but requires confirmation from faculty member): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposal Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*May attach copy of proposal from international research fellowship application.

Please describe your reasons for entering the Scholarly Concentrations Program (500 words):

 \*May attach document in Word or PDF.

Personal Statement (background and career goals that address interest in global health):

 \*May attach copy of the personal statement from international research fellowship application.

Please describe a preliminary plan to fulfill the requirements of the SCGH over 4 years (may be modified according to progress and interests in the future with agreement of faculty mentor):

 \*May attach document in Word or PDF.

**Faculty Mentor Statement of Support**

 I,­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (faculty mentor) approve and understand that I am obligated to support the project, verify time spent, and insure that the student has appropriate training, as prescribed by the University, HIPAA, Right to Know, Use of Human Subjects (CORIHS), Animal Use, and Use of Radioactive Substances as appropriate. I agree to attend (or arrange for alternate) the annual poster session for Research Day in early May of this student’s 4th year.

Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For questions please contact Ann Dowsey in the Office of Global Medical Education, L-4, Rm. 158.

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Track Director: Mark Sedler, MD MPH.