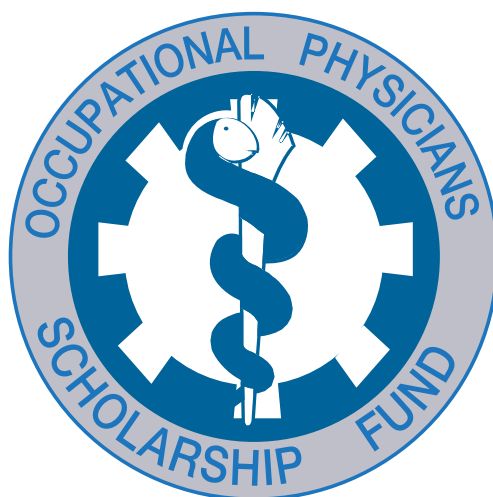


OCCUPATIONAL PHYSICIANS SCHOLARSHIP FUND

GUIDELINE PAPER



**25 Northwest Point Boulevard, Suite 700
Elk Grove Village, IL 60007-1030
Ph: 847-818-1800 ext 383 Fax: 847-818-9289
Email: Opsf@opsf.org
Internet: www.opsf.org**

MISSION

The Occupational Physicians Scholarship Fund (OPSF) has been established to help alleviate the shortage of properly trained and skilled occupational physicians. OPSF will assist qualified individuals, capable of making a significant contribution in their field, to pursue a well-rounded residency education in occupational medicine. It is the goal of OPSF to provide financial support to residents in occupational medicine, in order that they become certified specialists able to practice in a broad range of settings.

ADMINISTRATION

Responsibility for managing and administering the Scholarship Fund rests with OPSF's Board of Trustees. The Board directs the selection of scholarship recipients and manages the disbursement of funds. Technical and administrative support in the implementation of these functions is provided by the staff of American College of Occupational and Environmental Medicine (ACOEM) and designated representatives of the OPSF Executive Committee.

APPLICATION PROCEDURE

Applicants seeking funding for any of the programs accredited by the Accreditation Council for Graduate Medical Education for residency training in occupational medicine should be notified by the training institution of the existence of the Scholarship Fund. Applicants can apply directly to the Fund.

An applicant who is in need of funding support may submit an application to OPSF. Applicants may apply prior to their acceptance into a program. However, scholarship funding will be provided only to those doctors selected which are accepted into an accredited occupational medicine residency program, regardless of their scholarship ranking.

Applicants are required to submit to OPSF the following:

- A completed OPSF application.
- Their undergraduate college transcripts.
- Records of their previous medical and post-medical school performance.
- Copies of any publications which they have authored.
- Three letters of recommendation, including letters from the directors of any previous training programs.
- A letter of support from the applicant's current program director, if accepted in an occupational medicine program.
- A statement of career goals in occupational medicine indicating how an interest in the field was developed and the nature of personal practice foreseen by the applicant.

Applications should be submitted to the **OPSF Program Administrator, 25 Northwest Point Boulevard, Suite 700, Elk Grove Village, IL 60007-1030** for review by the Candidate Review Committee (CRC). This Committee is comprised of members of the OPSF Board of Trustees as well as other individuals involved in occupational and environmental medicine. Members of the Committee representing institutions to which the applicant has applied will not participate in reviewing the respective application. Individual applicants will be ranked by the Review Committee using criteria described in this statement and scholarships will be recommended for those with the highest overall ranking. The number of scholarships to be awarded may vary each year.

Physicians applying for scholarships will be notified directly by OPSF of the disposition of their applications. The funds will be disbursed directly by OPSF in coordination with the academic institution to which the physicians has been accepted.

REVIEW CRITERIA

In the review of candidates' applications, the Candidate Review Committee will consider the following factors as appropriate:

- 1) Academic achievement records.
- 2) Training and experience in a clinical medicine specialty.
- 3) Commitment to a career in occupational medicine.

4) Recommendation and references.

5) Training and experience, if any, in relevant fields such as toxicology, industrial hygiene, business management, health care management, health promotion or computer systems.

An interview may be required of applicants in the final stage of consideration. Selection of scholarship recipients will be made in accordance with equal employment opportunity principles.

LEVEL AND DURATION OF FUNDING

Scholarships, currently based on NIH guidelines, will be awarded in full or in part for the academic and/or practicum years. The OPSF Board has established a five-year PGY ceiling on scholarship funding. Scholarship awardees exceeding this cap will not be funded for the additional PGY years.

Funding is contingent upon the recipient following a course of study that provides preparation for a full-time career in occupational medicine. Continuation of funding for the second year is contingent upon the successful completion of the first year, and upon an abbreviated reapplication for second year funding. Scholarship funds may not be used to cover indirect costs of an institution.

The Scholar also is allowed up to \$500 in reimbursable expenses to attend ACOEM's spring **or** fall conference.

Financial support may be withdrawn should an applicant, after receiving a scholarship in Occupational Medicine, fail to pursue an appropriate accredited course of study or fail to perform at a satisfactory level within the chosen academic program.

A letter from the residency program director, addressed to the OPSF Candidate Review Committee and documenting the recipient's first year of residency training, will be required for the continuation of financial support. The letter should state that the course of study embarked upon by the recipient conforms to the requirements of the Accreditation Council for Graduate Medical Education and should also outline the recipient's plans for the second year of residency training.

The decision to terminate the financial support of an individual rests with the Board of Trustees. Such a decision will be reached by the Board only after a thorough review of the individual's record and the consideration of any possible circumstances.

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Updated 8/05



Occupational Physicians Scholarship Fund

~Helping to Shape the Future of Occupational and Environmental Medicine~

A. GENERAL INFORMATION

1. Application for Scholarship funding is for the Year starting July 200__	2. PGY level on this date will be _____ (PGY level is determined by number of full years of postdoctoral training)
3. Have you previously applied for an OPSF scholarship? ___ No ___ Yes _____ (date of previous application)	4. Residency Year will be (check one): ___ Academic ___ Practicum
5. Last Name _____ 6. First Name _____ M.I. _____ 7. Degree(s) _____	8. Current/Home Mailing Address: _____ _____ _____ _____
9. Home Telephone () _____ - _____ 10. Work Telephone () _____ - _____ 11. E-mail Address _____	12. Preferred Mailing Address if Different From Above: _____ _____ _____ _____

B. EDUCATION

13. Undergraduate College _____	From _____ To _____ Degree _____
14. Medical School _____	From _____ To _____ Degree _____
15. Graduate Education _____	From _____ To _____ Degree _____
16. Internship in _____ 17. Hospital _____ 18. Location _____	From _____ To _____ Chief of Service _____
19. Residency in _____ 20. Hospital _____ 21. Location _____	From _____ To _____ Chief of Service _____

22. If education was interrupted for any reason, please explain the interruption:

C. TRANSCRIPTS

Applicants must have the educational institutions listed send certified transcripts in a sealed envelope directly to the Office of the **Occupational Physicians Scholarship Fund, 25 Northwest Point Boulevard, Suite 700 Elk Grove Village, IL 60007-1030.**

- ◆ Transcripts should be received in the OPSF office no later than one week after application deadline date.

D. TRAINING AND EXPERIENCE

23. Are there other considerations beyond the items in the listed transcript that you regard as important to the Candidate Review Committee? Examples include experience in areas related, but not limited, to occupational medicine; research; awards; minority status; or recognitions:

E. NATIONAL, STATE, SPECIALTY EXAMINATIONS

24. NBME/USMLE

Part I: Date Taken _____ Score _____

Part II: Date Taken _____ Score _____

Part III: Date Taken _____ Score _____

25. FLEX

Part I: Date Taken _____ Score _____

Part II: Date Taken _____ Score _____

Part III: Date Taken _____ Score _____

26. Board Eligible in _____

27. Board Certified in _____

F. REFERENCES

28. List three faculty members or Chiefs of Service who are familiar with your professional and/or educational work.

- ◆ Ask these individuals to use the **Recommendation Form** included with this application packet (separate letter may be attached to form.)

Recommendations should be mailed by application deadline date directly to the OPSF office in an envelope you provide: **OPSF, 25 Northwest Point Boulevard, Suite 700, Elk Grove Village, IL 60007-1030.**

◆ Name _____
◆ Address _____

◆ Name _____
◆ Address _____

◆ Name _____
◆ Address _____

G. MILITARY OR PUBLIC HEALTH SERVICE DUTY

29. Previous Service Dates: From _____ To _____
30. Branch _____ 31. Rank _____
32. Assignment _____ 33. If you are currently serving, date your term will end _____

H. GRADUATE FROM NON-U.S. MEDICAL SCHOOL

34. If you are a graduate of a medical school outside the US or Canada please submit your Education Commission Foreign Medical Graduates Certification (or its equivalent) with this application.
- ◆ Foreign Medical Graduate Examination in the Medical Sciences (or equivalent):
Date Taken: _____ Score: _____
 - ◆ English Examination:
Date Taken: _____ Score: _____

I. VISA STATUS

35. If you are not a citizen of the United States of America, please provide the following information:
- ◆ VISA Type _____
 - ◆ Sponsor _____
 - ◆ Expiration Date _____
 - ◆ Passport Number _____

J. INTERVIEW

- ◆ An interview is conducted only at the discretion of the Candidate Review Committee.

K. PERSONAL STATEMENT and CURRICULUM VITAE

- ◆ The Candidate Review Committee is interested in experiences, associations, or other factors that have led to your interest in Occupational Medicine. Please also discuss your work plans after completing the Residency and your longer-term goals in this field. Please type your statement and limit it to two pages.
- ◆ Your Curriculum Vitae and/or a chronological listing of education/employment history must be included with your application.

36. **APPLICANT'S SIGNATURE** _____

37. **DATE OF SUBMISSION** _____

38. **SOCIAL SECURITY NUMBER** _____

OPSF will mail a dated postcard back to you upon receipt of your application. To further check on the status of your application, please use E-mail.

Notification letters will be mailed to all applicants no later than December 15.

You may wish to make a photocopy of your completed application form and recommendation form template for your files. Additional forms may be downloaded from the OPSF web site.

CHECK LIST:

- ◆ I have noted the application deadline date
- ◆ I have completed the application and reviewed it for accuracy
- ◆ I have sent a recommendation form to each of the three recommenders listed in *Section F*
- ◆ I have requested Transcripts from **ALL** institutions to be mailed directly to OPSF
- ◆ I have included my Personal Statement and Curriculum Vitae' or Chronology as described in *Section K*

OPSF Telephone: 847/818-1800 ext 383

OPSF Fax: 847/818-9289

**OCCUPATIONAL PHYSICIANS SCHOLARSHIP FUND
RECOMMENDATION FORM**



TO THE APPLICANT

Please complete this entire section of the recommendation form and forward it to an individual who is familiar with your professional and/or educational history. Ask this individual to enclose the form in the addressed envelope you have provided and mail it directly to: OPSF, 25 Northwest Point Boulevard, Suite 700, Elk Grove Village, IL 60007-1030. **Faxed recommendations are acceptable. FAX TO: 847-818-9289**

Recommendations should be received in the OPSF office by the application deadline date.

Name of Applicant (Legibly Printed) _____	
Name of Individual Completing Form _____	
Application Deadline Date _____	Today's Date _____

I understand that Federal legislation provides me with a right of access to this recommendation. Furthermore, I understand that I may waive the right of access to this material, but no person can require me to do so. If I waive access, this recommendation form may be used only for this year's application for funding by the Candidate Review Committee of the Occupational Physicians Scholarship Fund.

Sign the following statement only if you wish to waive this right of access:

I hereby waive my right of access to this recommendation and authorize the above individual to provide a candid evaluation and all relevant information to the Occupational Physicians Scholarship Fund Candidate Review Committee.

Applicant's Signature _____ Today's Date _____

TO THE RECOMMENDER

Please answer all questions on the recommendation form and forward it to: **OPSF, 25 Northwest Point Boulevard, Suite 700, Elk Grove Village, IL 60007-1030.** Recommendations should be received in the OPSF office by the application deadline date noted above. **Faxed recommendations are acceptable.**

SECTION I

The Candidate Review Committee would appreciate your writing us as fully as you can, stating how well and in what capacity, you have known the candidate. Please frankly note deficiencies as well as merits. We would particularly appreciate your evaluation of the applicant's abilities to undertake a residency in Occupational Medicine and suitability for a career in this specialty. If the applicant has not waived the right of access to this evaluation by signing the waiver statement above we wish to point out that the applicant may ask to review it. **A recommendation letter may substitute for this form. However, the information below must be completed and attached to the letter. Please be sure to respond to all questions asked in section 2 of this form.**

Recommender's Name (Legibly Printed) _____

Recommender's Signature _____

Title _____ School or Firm _____

Address: _____ Contact Phone Number _____

_____ Today's Date _____ (continued...)

SECTION II

1. How long have you known the applicant and in what connection?
2. What do you see as being the applicant's strengths and talents?
3. What do you see as being the applicant's weaknesses and deficiencies?
4. Please compare this applicant with other physicians who pursue postgraduate academic and residency training:
5. Please make any additional comments about the applicant's record, potential or personal qualities: